97-84165-23

U.S. Office of Community War Services

Challenge to community action

Washington, D.C.

1945

97-84165-23
MASTER NEGATIVE #

COLUMBIA UNIVERSITY LIBRARIES
PRESERVATION DIVISION

BIBLIOGRAPHIC MICROFORM TARGET

ORIGINAL MATERIAL AS FILMED - EXISTING BIBLIOGRAPHIC RECORD

308
Z
Box 728

U. S. *Office of community war services. Division of social protection.*
Challenge to community action. Washington, D. C., Social protection division, Office of community war services, Federal security agency, 1945.
vii, 76 p. illus., diagrs. 23cm.
Includes bibliographies.

1. Prostitution—U. S. I. Title.

45—37593

Library of Congress HQ143.A5 1945
[46d2] ONLY ED. 176.5

RESTRICTIONS ON USE: *Reproductions may not be made without permission from Columbia University Libraries.*

TECHNICAL MICROFORM DATA

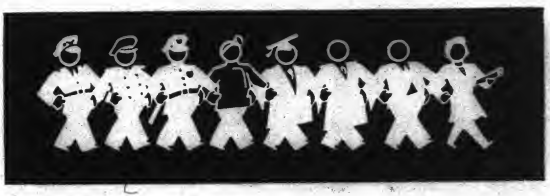
FILM SIZE: 35mm REDUCTION RATIO: 11:1 IMAGE PLACEMENT: IA (IIA) IB IIB

DATE FILMED: 8-25-97 INITIALS: RB

TRACKING # : 26992

FILMED BY PRESERVATION RESOURCES, BETHLEHEM, PA.

CHALLENGE TO COMMUNITY ACTION



SOCIAL PROTECTION DIVISION

OFFICE OF COMMUNITY WAR SERVICES

FEDERAL SECURITY AGENCY

Washington, D. C., 1945

Challenge to Community Action

SOCIAL PROTECTION DIVISION
Office of Community War Services
FEDERAL SECURITY AGENCY
Washington, D. C. 1945

308
Z
B.x 728

FOREWORD

THE SOCIAL PROTECTION DIVISION is proud to be a member of the vigorous team which has been combating prostitution, promiscuity and venereal disease during the past few years.

The other members of the original team were the United States Public Health Service, the Army, the Navy and the American Social Hygiene Association. To this group have been added the National Venereal Disease Committee, the International Association of Chiefs of Police, the National Sheriffs' Association, the National Women's Advisory Committee on Social Protection, and numerous other professional, business and membership organizations. Essential members of the team are city and county executives, health, police and welfare departments, courts, private agencies and individual citizens, without whose support nothing could have been accomplished.

The role of the Social Protection Division and its representatives has been to assist communities to organize so that each of the four phases of the program—Health, Education, Law Enforcement and Social Treatment—may add strength, support and effectiveness to the others.

Discussion of the paramount role of the home and the church in building character and inculcating moral and ethical standards is not included in this publication. This omission stems from a recognition of the logical limitations of governmental activity—not from lack of appreciation of their importance. It is fully recognized that in a good many communities the churches take the initiative in building public support for the law enforcement and health aspects of the program. Leaders of religious groups participate with educators, health authorities and military and naval officers as members of the National Venereal Disease Committee. In this Committee all problems and services related to promiscuity and VD are considered. Members of this Committee, representing religious and other voluntary groups make recommendations directly to local communities about moral, ethical and educational matters.

Where social hygiene societies are established, community education is a primary responsibility of these societies. Such societies can bring citizen support to good law enforcement, social treatment and public health programs; they also encourage individual health education through the home, the church and the school and provide aids to this end.

Social Protection representatives are not technicians in the field of public health. They recognize that advice about public health programs is the official responsibility of Federal, State and local health authorities. Because no community group can effectively develop one

phase of the program without understanding the other three, the Social Protection Division through its field representatives and publications endeavors to summarize the information and recommendations provided by the United States Public Health Service.

Social Protection representatives are specialists in law enforcement only as they interpret and encourage the adoption of the techniques developed cooperatively with law enforcement officials, and as they promote self-policing by hotel, tavern, taxicab and other groups in accordance with policies developed with national trade associations.

In like manner the Division has worked both nationally and locally with psychiatrists and social workers in the improvement of methods of social treatment. As in the case of law enforcement, Division representatives continuously encourage the adoption by all communities of the new techniques and methods that are being developed.

Because there are no other official agencies with responsibility in the fields of law enforcement and social treatment similar to that which the United States Public Health Service has in the field of VD control, Social Protection representatives give special attention to these two aspects of the program. However, they continuously impress upon community leaders that prostitution, promiscuity and VD can be controlled and prevented only as a community develops an aggressive four-way program that recognizes the interdependence of Health and Education and Law Enforcement and Social Treatment.

APR 20 1946

A few States have organized broad State-wide programs as part of their wartime Defense Councils. The State Councils have stimulated and aided local organizations. In nearly every instance these State groups are planning to reorganize on a permanent basis. Other States are just starting new State Committees to help meet the problems of the difficult period immediately ahead. This is a most encouraging advance and the Social Protection Division is providing every possible assistance in the development of State programs.

Every member of the team has contributed his share in this endeavor in which National, State and local agencies have merged their efforts with membership, trade and professional organizations and individuals. Together they are waging a fight against an old and vicious social problem, and the most socially destructive of all communicable diseases. The Social Protection Division is proud of its part in this fight.

Thomas Parran

Director, Social Protection Division.

FIVE YEARS PROGRESS IN SOCIAL PROTECTION

But Communities Don't Stay Put

214 Communities in which Conditions Were Found to Be

"Good" in 1st Study	*"Fair" in 1st Study*	*"Poor" in 1st Study*	*"Bad" in 1st Study*
GOOD 40.6%	GOOD 20.5%	GOOD 21.1%	GOOD 22.1%
FAIR 51.4%	FAIR 45.5%	FAIR 36.8%	FAIR
POOR 8%	POOR 18.1%	POOR 26.3%	POOR 16.9%
	BAD 15.9%	BAD 15.8%	BAD 32.6%

Three years later had changed as shown in graphs below.

This study indicates the need for steady vigilance of law enforcement authorities, backed up by strong, informed public opinion.

Number of Communities Studied

1940	1941	1942	1943	1944	1945 (1st quarter)
82	364	517	401	415	133
GOOD 36.6%	GOOD 44.5%	GOOD 44.7%	GOOD 47.4%	GOOD 46.8%	GOOD 47.3%
FAIR 20.7%	FAIR 17.9%	FAIR 27.3%	FAIR 26.1%	FAIR 35.0%	FAIR 32.3%
POOR 9.8%	POOR 13.1%	POOR 15.3%	POOR 17.5%	POOR 12.0%	POOR 16.6%
BAD 32.9%	BAD 24.2%	BAD 12.7%	BAD 9.0%	BAD 6.2%	BAD 3.8%

BASED ON 1912 STUDIES MADE BY THE AMERICAN SOCIAL HYGIENE ASSOCIATION

Fig. 18 "Challenge to Community Action"

CONTENTS

	Page
INTRODUCTION	VI
PART I. PROSTITUTION AND VD	1
Chapter 1. The Prostitute: A Social Responsibility	1
Chapter 2. The Social Impact of Prostitution	7
Chapter 3. VD: Still Dangerous	9
Chapter 4. Pattern For Action	13
PART II. COMMUNITY WEAPONS	21
Chapter 1. Law Enforcement	21
Chapter 2. Health Work	35
Chapter 3. Education: Out in the Open	41
Chapter 4. Labor and Industry	44
Chapter 5. Social Agencies: Their Part in the Battle	47
PART III. COMMUNITY PROTECTION—MAKING IT WORK	56
Chapter 1. The Over-All Board	56
Chapter 2. Law Enforcement Section	58
Chapter 3. Health Section	62
Chapter 4. Social Treatment Section	64
Chapter 5. Education Section	66
APPENDIX	71

INTRODUCTION

AT THIS TIME, America faces grave dangers from a further increase of venereal disease infections, an upsurge of prostitution and an epidemic of promiscuity. VD rates, after a most encouraging drop under wartime controls, have already shown an alarming upward trend.[1] It appears to public health experts that this upswing is coming in part from places which were not reached by the Nation-wide effort to control VD in war-industry cities and towns near service installations. In the months immediately preceding V-J Day, the Army and Navy reported that from 40 to 50 percent of servicemen's VD infections were acquired during the 5 to 10 percent of the time they were on leave or furlough. Many of these infections undoubtedly came from soldiers' and sailors' home towns, from the Main Streets of American towns which often did not even realize that they had a problem. As millions of men return, many of them from long tours of duty abroad, the situation will be infinitely worse.

A natural and almost inevitable moral letdown has occurred after every great war; and never before in our history have so many young men been away from normal social and emotional experiences for so long as during the past war. "We think we have problems now in venereal disease," says Medical Director J. R. Heller, Jr., Chief of the Venereal Disease Division, United States Public Health Service, "but we have not seen anything to compare with the problems we will have in the immediate postwar period." Admiral Ross T McIntire, Surgeon General of the United States Navy, adds: "It is altogether probable that the present Navy situation foreshadows a coming crisis on the home front."

This turn of events may come as a surprise to many community leaders and law enforcement officers who thought that our almost miraculous new weapons against VD meant that our ancient enemy faced certain defeat. Ironically, those new weapons may make our job, in some ways, more difficult. Venereal disease experts often refer to the "revolving door," the way in which promiscuous people become infected, are cured, and promptly become reinfected. With modern therapy, many of these revolving doors are simply whirling faster. Men and women cured of gonorrhea in one day are often reinfected and expose others in a surprisingly short time.

[1] The venereal disease "rate" as used in this publication is the number of new infections per thousand per year as reported from the armed services. It does not indicate the *prevalence* of the diseases at any given time.

This fact reinforces a growing and widespread conviction among public health experts. That conviction is that we must work more with the people who expose themselves so frequently to VD, rather than merely with the germs they spread. "We know that the control of venereal disease," says Commander T. A. Fears, VD Control Officer of the Twelfth Naval District, "is becoming more and more of a social, moral, enforcement and economic problem." To that, we might also add: educational and psychiatric.

Only a community-wide, carefully planned and coordinated attack is going to meet problems of prostitution and promiscuity. The hopeful thing is that methods of social and psychiatric treatment of promiscuity are being developed to parallel the progress in the methods of venereal disease treatment. We have, today, new effective community weapons which can be aimed at the social evils which cause promiscuity, prostitution and venereal disease. But only communities which really want to do the job, which are aware of the dangers and alert to their responsibilities, can use them. The fatalistic feeling that houses of prostitution had to be accepted in a certain part of every town is as outdated today as accepting a malarial marsh, merely because it lies across the railroad tracks.

In this handbook, the Social Protection Division of the Office of Community War Services, Federal Security Agency, suggests some of these community weapons and summarizes our present information about prostitution, promiscuity and VD. The procedures suggested have been tried and proved to work. They are community-tested.

Important as are the objectives of social protection, neither this nor any other community cause justifies the infringement of civil liberties. Progressive law enforcement and health officials are among the first to decry unwarranted or unreasonable detention as a means of providing for physical examinations, or misuse of vagrancy and loitering charges.

In a country as big and varied as ours, the job of social control will not be easy, but it is far from hopeless. The job, however, cannot be done from Washington. It is a series of local jobs, to be handled by communities fortifying and sustaining each other with advice and assistance when asked for and needed, from State health and welfare agencies; from Federal agencies concerned like the U. S. Public Health Service or the Social Protection Division of the Federal Security Agency; from national voluntary groups like the American Social Hygiene Association and its affiliates.

The time to do the job is now. Now, while communities are still well organized due to wartime effort; now, when millions of young men are coming home free from infections of VD because of Army and Navy care.

Part I. Prostitution and VD

Chapter 1

THE PROSTITUTE: A SOCIAL RESPONSIBILITY

PROSTITUTION is the social swamp that breeds VD, as marshlands breed malaria. Epidemics of VD start in the swamp of prostitution. VD is an "occupational disease" of prostitutes. This does not mean, of course, that prostitution is a social problem only because it spreads VD. Other factors are equally important.

Who is the Prostitute?

Only as psychiatric knowledge has developed has society begun to discover why some women turn to prostitution while others, apparently subjected to the same conditions, stay within moral bounds. "The oldest profession in the world" is the latest one to be studied and analyzed. During the last *few* years the new techniques of social study and psychiatry have been used more and more extensively in an attempt to analyze, redirect and rehabilitate the prostitute. The results are surprisingly encouraging. Police officers, who used to say: "You can't do anything for a prostitute," now know that a hopeful percentage of them can be pulled out of the vicious circle of arrest, fine, offense and rearrest. Cities have set up special services to screen out and work with the younger, more promising, less deeply involved cases. More and more we are learning what is needed in detention, in rehabilitation and above all in prevention.

One reason for this new and promising approach to an old problem is simply that we no longer generalize about prostitutes. *We know they are individuals, not a class.* There is no one "type" among prostitutes. Even the most confirmed commercial prostitutes drifted into their trade for widely varying reasons. Many of them would never have become part of this dangerous community swamp if we had realized what was happening to them as children or young girls. As a police officer once pointed out, no girl sets out to become a prostitute. We know now that there are profound psychological as well as economic reasons for their sinking into this morass. We are learning more about these reasons every day.

Prostitution or Promiscuity

The more we learn about prostitution, the more we realize that the line between "prostitution" and "promiscuity" is very hard, perhaps impossible, to draw. The girl in a red-light district, the girl who plays the hotels, the adolescent who hangs around street corners after school, the serviceman's wife who distributes her favors in return for a good dinner, are simply more or less acute sufferers from the same dangerous tangle of different kinds of social, economic, psychological and sometimes mental lacks. The street-walker and the "amateur" are both carriers of VD, both disintegrating and demoralizing elements in the community. They both need social treatment if the community is to be a decent place to live in. Highly promiscuous "pick-ups" who loiter in bars or on street corners present many of the same problems as commercial prostitutes. Many become social outcasts. Many contract and spread venereal disease. Many are sick, mentally and physically.

The "victory girl," the juvenile delinquent, the casual, have multiplied many times during the war, and seem likely to become an acute problem during the postwar crisis in social protection. "The promiscuous girl," say Dr. Richard A. Koch and Dr. Ray Lyman Wilbur, "will be a definite postwar problem as a spreader of venereal disease. About 60 percent of all VD reported in San Francisco is contracted through the media of bars and taverns." (See "Promiscuity as a Factor in the Spread of Venereal Disease," listed in the Bibliography.) Generally speaking, the same social weapons are needed to fight both commercial prostitution and promiscuity. As a matter of fact, the promiscuous girl or woman of today, confronted with unemployment or other unfortunate circumstances, can easily turn into a postwar prostitute.

The Loneliest Woman

An acute observer once pointed out that the prostitute, professional or amateur, is the loneliest woman in the world. Ironically, the most personal human relationship, when cheapened, actually separates her from her fellow human beings. She is more totally outcast than a thief or a murderer. She has no human relations with genuine warmth in them. Even in her underworld, she is set apart. Latest studies show that most promiscuous women felt separate and lonely even as little girls.

The immediate reasons for prostitution vary widely from girl to girl. A New York study shows that some drifted into prostitution after having an illegitimate baby and being cast off by family and friends. Some, obviously psychiatric cases, engaged in prostitution to buy drink or drugs, or had an early, persistent history of sex delinquency of a neurotic kind. Some were girls who had little education or direction,

became prostitutes because they couldn't hold any other job; many of them proved easy to redirect. A rather small percentage actually preferred their trade, enjoyed the "easy" life and the chance to meet "big shots," and would obviously practice prostitution whenever society allowed them to. Another small percentage were subnormal mentally and needed institutional care.

From the small but growing number of careful studies of promiscuous girls, a few fairly certain facts emerge:

1. *The majority of promiscuous women seem to come from broken or unhappy homes.*—All available studies seem to show that more than half the girls come from broken homes, about four-fifths of them from homes in which there was some kind of acute family conflict. Dr. Miriam Van Waters, Superintendent of Massachusetts Women's Prison, thinks this is the largest single contributing factor in female promiscuity, that it could be controlled if an emotionally mature social worker or psychiatrist were on hand to help children past the emotional crisis when a home is broken. All these indications point to the need for recognizing and strengthening the American family as the basic unit in our society.

2. *Many promiscuous women, as children, had little care, affection or understanding from either family or community.*—Says a San Antonio, Tex., report: "Almost without exception, these girls are found to be completely disassociated from the stabilizing forces of family, church or any significant group which would help to strengthen their integrity and belief in themselves." Other reports confirm that most promiscuous girls in courts or clinics had never been part of a group of any kind. Coming from sordid parts of the community, they had felt outcast from the start. They had never had either something to love or something to do, which are twin necessities for youth. Many of these have been not only cheated but betrayed by the people who should have strengthened their faith in life. Prostitutes often were initially misused as children by stepfathers, roomers, or even brothers.

3. *Promiscuous women cannot be classified, as they used to be, as oversexed.*—A significant number of them seem actually to be the opposite. Many of them seem to be totally frigid and even to dislike sex relations. Their reasons for promiscuity are much more complicated and even neurotic than simple sensuality. (In some cases the girls, because of earlier real or fancied wrongs, hate men. Their pleasure comes from their sense of revenge in detached observation of the degradation of their male patrons.)

4. *Promiscuity in general reflects psychic conflicts, unhappiness, and immaturity.*—Many prostitutes are extremely neurotic people, badly in need of psychiatric treatment. As is the case with alcoholics, many

of them are extremely immature. Almost every available study stresses this immaturity. Many of them left home early, had their first sex experience early, tried to live their own life early, and yet have never detached themselves emotionally from their families. They seem unable to accept responsibility for themselves, for a job, for a successful marriage; and yet are equally unwilling to accept authority from outside. They have stopped growing, for some reason, at an adolescent level. Obviously, fines or prison sentences are no answer for this group.

A tentative study of promiscuous men shows that they also seem to suffer largely from this same immaturity. They seem to be, on the whole, the unstable, dependent type, afraid of competition and of responsibility, and turn to both alcohol and commercial sex as a relief from a sense of inadequacy. While this study is inconclusive, it reinforces our growing feeling that promiscuity is not a "normal" way of life for either the male or female. Modern social and psychiatric knowledge can do much to strengthen family life by reducing the area of promiscuity.

5. *Promiscuous women are not all "subnormal" mentally.*—Many of them are normal mentally, a very few are even exceptionally bright. Only a minority can be considered in need of institutional care. The majority represent the most neglected part of the community, badly educated and sometimes mentally inadequate.

6. *Let's emphasize it again: prostitutes are persons to be treated individually.*—Prostitutes, like alcoholics, are likely to be out-of-gear people reacting to a wide variety of personal conflicts, which may often be helped or even cured. We no longer believe that you can cure the town drunk by throwing him in jail; instead, we are trying to find out why he drinks too much and to save the community the trouble and expense of repeatedly arresting him. In the same way, we try more and more to screen out the many prostitutes who can be helped to escape permanently out of their diseased, vicious circle, and we try to prevent their younger sisters from joining them.

Prostitution and Disease

The most obvious reason for repressing prostitution and setting up a broad program of social protection is the close relation between prostitution and VD. Let's briefly review the proven facts:

1. *The VD rate among prostitutes is fantastically high.*—In a New Orleans, La., drive, 80 percent of the prostitutes were found to have a positive blood test. Amateur prostitutes are only slightly less dangerous: of 274 amateurs picked up in San Antonio, Tex., lately, 111 were diseased and contagious. These figures are not exceptional. "Prostitution," says Surgeon General Parran, "is the continuous, free-flowing source of infection infiltrating every stratum of American civilization."

2. *Infected prostitutes can—and do—infect very large numbers of men before they are brought under treatment.*—Busy prostitutes *can* handle as many as forty men a day, often *must* take twenty to meet expenses. Streetwalkers often pick up four or five customers a night. Since it often takes 4 to 90 days for symptoms of VD to appear, even an unusually careful prostitute with VD could not get treatment in time to prevent the infection of dozens of men. Case histories of VD epidemics stemming from a single prostitute are numerous. In Los Angeles, Calif., recently, quick action by health authorities located thirty men who had been infected by a single prostitute though she had been picked up only a few days after her release on a previous charge. Each of these men had in turn infected at least one other person.

3. *Inspection of houses of prostitution has never proved practical or possible.*—"Controlled" prostitution, "inspected" red-light districts, have been tried for years, without a single record of success. A secret enemy document which fell into American hands shortly after the liberation of Paris revealed the futility of the Germans' attempt to curb venereal diseases through controlled brothels. An elaborate system of 42 brothels was set up, a prophylactic station was situated in or near each house, and each of the girls was inspected twice weekly. The captured papers disclosed that, despite all their precautions, from January 1, 1944, to August 16, 1944, there were 3,106 new cases of VD in the Paris garrison of approximately 40,000 troops. Eighty-four percent of infections came from licensed professional prostitutes in the official houses. Comparing the German rate, as set out in their own records, with that of the American military forces it became evident that the "controlled vice" policy of the Germans resulted in a VD rate more than four times as high as the rate in the United States where the Army and Navy have adopted the policy of repressing organized prostitution.

To be "certified" as "clean," each prostitute would have to be given a blood test, a smear test and have a culture made of the specimen after each customer, and to be really sure, she and her customer would have to be kept in quarantine for 90 days after each exposure.

The House of Delegates of the American Medical Association has gone on record with the following statement indicating the absurdity of advocating "medical inspection" of prostitutes:

> "Medical inspection of prostitutes is untrustworthy, inefficient, gives a false sense of security and fails to prevent the spread of infection. . . physicians who knowingly examine prostitutes for the purpose of providing them with medical certificates to be used in soliciting are participating in an illegal activity and are violating the principles of accepted professional ethics."

4. *Prostitutes are irresponsible people who would not, if they could, protect themselves from infection.*—One reason for the high rate of VD among prostitutes of all kinds is that the average prostitute, ignorant and careless, will not spend the 20 minutes or more necessary for partial protection to herself and her next customer. But—there *is* no effective prophylaxis for women's use.

The only way to break this vicious connection between prostitution and VD is the method wartime America has used and proved: *repress prostitution.*

Prostitution: Out-of-Date

Prostitution is not inevitable in the life of a community. Well-meaning people who think it is forget that other forms of human behavior once seemed inevitable, too. Sexual perversions were taken for granted, even in the most respectable circles, in both Greece and Rome. Judging from their own experience, some primitive peoples would anticipate that all young men and women would be almost entirely promiscuous with each other. Human behavior, of which sexual behavior is a part, changes and evolves with changing degrees of civilization and understanding.

"The invincibility of prostitution," correctly says Inspector L. D. Morrison, head of the Crime Prevention Bureau in Houston, Tex., "is a carefully nurtured myth, but a myth nevertheless."

Promiscuity: Unnecessary

While we work to repress organized vice completely, we must use our developing psychiatric and social treatment to meet the other phase of the problem—the promiscuous girl or "pick-up." Here is an important point: *repression of commercial vice does not increase the number*

of these girls. There are just as many of them in "wide-open" towns. As the older women disappear from the streets in a repression program, attention becomes focussed on these immature, confused and often totally unprotected girls.

Widespread promiscuity, like commercialized prostitution, is totally unnecessary and undesirable. It is a sign of community as well as individual maladjustment and sickness. It is important for the future health and happiness of our country that we strengthen our community safeguards in this field.

Chapter 2

THE SOCIAL IMPACT OF PROSTITUTION

"VD is but one bitter fruit of promiscuity," says Admiral Ross T McIntire, "and is perhaps less important than any other." The impact of prostitution on a community is manifold, and even affects the homes of citizens who may be almost unaware of its existence.

Prostitution is a menace to family life. To quote the American Social Hygiene Association: "Commercialized prostitution strikes at the home and family, breeds deceit and disloyalty, degrades the marriage relation, undermines character and self-control of men and women." The person who has established promiscuous habits may have great difficulty in making good family adjustments later. In one city, a police department survey recently showed that 93 percent of the patrons of local houses of prostitution were older men, known to be married.

Prostitution is a menace to the community's youth. To quote the American Social Hygiene Association again, "Commercialized prostitution exploits young people for the profit of 'third party interests.' Both boys and girls are mercilessly victimized. It encourages sex delinquency, offers dangerous outlets to the play impulse of youth, promotes immature sex curiosity and promiscuity." Commercial vice must constantly recruit younger victims, exploit the young girl who has slipped or strayed, in order to replenish the ranks of older prostitutes. The white slave trade, according to the FBI, definitely exists, though it is seldom as obvious or dramatic as it appears in fiction. Boys, too, are recruited as potential customers by the "third party interests" who know that the habit of promiscuity, once acquired, will be hard to break. The police of one American city found that houses of prostitution were offering "free tickets" to boys of 16 and 17.

The very existence of open prostitution in a city has a corrupting and corroding effect on youth. High school youngsters have been known to drive to well known red-light districts as sightseers, parking their

cars outside the houses and watching customers come in and out. One community recently closed its houses of prostitution even though it happened to have a fairly low VD rate simply because of their effect on youth. It was found that long lines of soldiers were standing outside the houses on one side of the street, corresponding lines at a prophylactic station on the other side, while school children stood around watching and bootblack boys briskly plied their trade with both lines.

Prostitution is—aside from its effects on the individual—a menace to a healthy and prosperous community life. Houses of prostitution depreciate real estate values and are seldom allowed to exist in the better part of town. They spring up in the areas least able to defend themselves, among the homes of the poor and insecure whose children have the fewest safeguards against its vitiating influence. Commercial vice inevitably brings with it a train of parasites who corrupt and degrade the entire community: madams, pandering taxi drivers, police and municipal "protectors," shabby amusement promoters, petty or bigshot racketeers, dealers in pornography. Vice is never good business for an American city. To quote Inspector L. D. Morrison again:

> "The 'wide-open city' philosophy is easily sold to the unthinking majority by the selfish interested minority, especially in cities largely dependent on the vacation or tourist trade. They do not realize that the actual effect is to siphon off into the hands of gamblers and procurers, gangsters and racketeers, the money that might otherwise have enriched honest merchants. This unholy union between respectable citizens and commercialized vice makes police honesty impossible. The end result is the disenfranchisement of every honest man or woman who has the temerity to attack the system."

A resolution passed by the International Association of Chiefs of Police states:

> "It must be reluctantly admitted that whenever scandals were exposed in police departments and in other branches of government, it was found that the corrupting influences of commercialized prostitution were the causes of the scandal. There is every reason to believe that the racketeers and gangsters who controlled the prostitution racket before the war are also making postwar plans to renew their activities."

As stated before, even if a community wanted to set up a system of "controlled" segregated prostitution, and gave each prostitute a blood test or smear test each day, this procedure would still not cut down the danger of veneral disease to any great extent. The prostitute might become infected by her next customer and reinfect 15 or 20 more

before the disease could be detected again. Also, such tests do not always discover the diseases, especially immediately after exposure.

Civic groups do not want to have to combat the spreading waves of racketeering, pornography and disease that emanate from red-light districts, with their "third party interests" and parasites. Law enforcement officers do not want to bother with them again. "This town is so much easier to police now," said the Chief of Police in one city, "that I see we did ourselves a favor when we wiped out prostitution."

A sobering thought comes from an FBI inspector who reports that in some places vice lords and madams have even kept their leases on bordellos, waiting for the community letdown they feel sure will come now that the war is over.

Chapter 3

VD: STILL DANGEROUS

IN 1941 Selective Service examinations in this country seemed to show that more than 3,200,000 Americans had syphilis—1 out of every 42. In the first 2 years of World War II, the Japanese killed 36,000 Americans. Syphilis killed 33,000.

VD, in 1945, remains high on the list of communicable diseases. In fact, reports from the armed forces show an increase in the number of infections being acquired. If communities do not take action—fast—the dismaying record which this country made after World War I will be repeated.

After the armistice, the world suffered a widespread epidemic of VD. Soldiers came home experiencing psychological reactions to battle tension; girls and women were still suffering from wartime hysteria and confusion; the public as a whole was tired of moral and physical effort, anxious only to get back to "normal" living and forget wartime

problems. There was a dangerous moral letdown, a wave of community indifference, and an immediate, significant upturn in the VD rate.

There was a letdown in efforts to repress prostitution and promiscuity with a resulting recrudescence of flagrant prostitution in many cities.

This contributed to an increase in syphilis and gonorrhea and diminishing activity in finding, holding, and curing patients. Financial support was withdrawn, reducing the essential public health, medical, social, and educational efforts, and handicapping Federal, State and local venereal disease control activities.

VD on the March

This time we are faced with an even more explosive situation. Many more young men have been living disrupted lives for a much longer period of time. The whole world is even more emotionally exhausted than in 1919, even more anxious to forget its problems in the relief of peace. There is a new element, too: many people believe that our new weapons against venereal disease, especially penicillin, have taken it out of the "dangerous" class. This, as will be seen later, is unfortunately not true.

During the war, we were able to move successfully against VD in war-packed industrial centers and in cities near Army and Navy installations. In those places, we have proved what can be done when medicine, law enforcement and community agencies generally organize to fight prostitution and VD. (See pt. I, ch. 4.) In the meantime, however, too many home towns, peacefully removed from military or industrial life, have forgotten that *every* community, everywhere, has its own problems and its own social and medical responsibilities. They are the concern of every American citizen. Even small towns have problems that will obviously be more acute as more men return from overseas.

The postwar picture, however, need not be a gloomy one.

The problems are bigger than they were in 1919, but we are much better prepared to face them. Medical weapons are more effective, less expensive, less dangerous. More clinics, more equipment, better trained doctors are available. There is a better understanding of the relationship between prostitution and disease, more knowledge of techniques for the repression of prostitution, more experience in community organization. Thanks to the American Social Hygiene Association and the United States Public Health Service, the public is much better informed, more willing to face the facts about VD and bring them out of darkness into healthy, curative light. Let's have a quick look at these facts:

What is VD?

The two most important venereal diseases are syphilis and gonorrhea. Both diseases are caused by direct personal contact.

Syphilis.—The first symptom of syphilis is a sore, or chancre, at the point of infection. These sores contain active germs which may be the sources of new infections. They soon disappear, and the infected person may be without outward symptoms. A rash or sores in the mouth may appear. In the meantime, syphilis may move through the body and ultimately destroy tissues, attack the heart and arteries, the spinal cord and brain. Every year thousands of people die of heart disease caused by syphilis; 8 percent of all admissions to mental hospitals are due to syphilis-caused "softening of the brain," or paresis. Infected mothers, unless promptly treated, will five times out of six bear syphilitic babies.

Gonorrhea.—This disease is caused by a pus-forming microbe which invades the mucous lining of the reproductive system and the urinary canal. Its early symptoms are burning, itching, and a pus discharge. These symptoms are often deceptively mild in the female and may pass unnoticed until many others have been infected. Gonorrhea often causes sterility in both males and females. It may reach and injure the kidneys. It may remain a long time in a quiet stage, continuing to cause internal injuries, finally producing pain and distress and injuries to the heart and joints. Gonorrhea is the real cause of many cases of "female trouble," many operations later in life. Its deceptive mildness in some cases is part of its danger.

Both syphilis and gonorrhea can be diagnosed by properly trained doctors, with proper equipment, even when there are no outward signs.

The incubation period of syphilis averages 3 weeks, can vary from 10 to 90 days; the incubation period of gonorrhea averages 3 to 5 days but may be as long as 2 weeks. During this time the victim is not aware of danger, though he or she is actually dangerous to others.

New Cures for VD

We have had reasonably effective weapons against *syphilis* since 1910 when Dr. Paul Ehrlich, after 605 attempts, finally produced an arsenical compound effective for treating syphilis. Today, we still use arsenicals, plus bismuth and mercury, sometimes in a long, painful and expensive course of treatments, sometimes in the short but difficult and occasionally dangerous "rapid treatment." Penicillin, newest of the miracle drugs, is much more promising. The drug is less dangerous. The treatment is as short as the new arsenical methods. Penicillin seems to cure as large a percent of patients with early syphilis—

around 80 percent—as were cured by the best of the older methods. But syphilis is a treacherous, sneaky enemy. Patients who have been given penicillin for syphilis must remain under the supervision of their physicians for a considerable time to make sure that the new drug has actually stopped the progress of their disease.

Until recently, we had no specific cure for *gonorrhea*. Doctors merely built up the victim's resistance until the infection ran its course and died out, as it generally did. Even the sulfa drugs, so promising at first, proved disappointing. Penicillin seems to be making up for this disappointment. Though the treatment may have to be repeated once or twice, penicillin seems to cure almost 100 percent of gonorrhea patients. It may be that long sought-for thing, a specific against gonorrhea. This does not mean, unfortunately, that we can now ignore gonorrhea. More cases are being reported than ever before. Patients are now cured so easily that they are more careless than ever about exposing themselves. Here again the obvious lesson for communities is simply this: *VD control is more than a medical problem.*

The Pattern of VD

VD is not equally prevalent over the country. Even within a State or a community, it is unevenly present. Rates are higher in the South than in the North; far higher in some Northern States than in others—but it exists and must be fought everywhere.

The VD rate is often a revealing index of community problems.—A high rate frequently reflects lack of adequate community services for health, education or recreation. It reflects bad housing, ignorant tolerance of commercial prostitution, careless community control of danger spots like disreputable "juke joints." It sometimes reflects poor enforcement of regulations concerning wages, hours, and working conditions for women and children.

Communities can write their own VD rates.—Venereal disease is not due to a natural and uncontrollable cause like a tornado. It is, nowadays, completely within the bounds of human control. Both States and cities have proved that they can decide for themselves whether they are willing to tolerate VD. Wisconsin, for example, cut the percentage of syphilitic insane from 13 percent of the total insane in 1917, to 5 percent in 1936. In one military maneuver area in Wisconsin in 1941, the rate of new infections was kept to 1 *percent* of the rate on maneuvers in a neighboring State. Many cities have done equally outstanding jobs during the war. Dallas, Tex., for instance, cut the military infection rate about 30 percent by a strict program of community control in 1944. Tacoma, Wash., cut the over-all syphilis rate by one-half in 1 year of organized community effort.

VD is especially prevalent among Negroes.—Fifty percent of the VD cases in the United States occur among Negroes, who make up only 10 percent of our population. Generalizations, of course, should not be drawn from this. In Negroes, as in whites, VD reflects the unfavorable social conditions mentioned earlier. Negro leaders in any community must be encouraged to take an active part in the campaign against VD. They should have a place in the total community program from the planning stage on. Their services should be enlisted by all officials and community groups attacking the problem and they should be widely supported in their own efforts to set up programs. But permanent results will never be obtained by viewing VD as a Negro problem, or as a white problem. It is a problem which faces *all* citizens.

VD, in its infectious stages, is largely a disease of youth.—More than a third of the patients in 15 Public Health Rapid Treatment Centers are in their teens. According to a recent study made by the Social Protection Division, roughly half of infectious VD is spread by girls and women in the 18-22 year-old group. This fact places an added moral responsibility on the community. The tragedy of VD falls heaviest on the immature and the unstable.

Spirochetes

Gonococci

Chapter 4

PATTERN FOR ACTION

THE United States Government helped to set up many social protection programs during the war and has proved that they can be made to work. In this chapter are summarized the essentials of a good community program, and some of the wartime experiences with them.

What is a Social Protection Program?

Today, social protection works simultaneously to combat prostitution, promiscuity and venereal disease. A good modern program covers these points:

1. Stimulates repression, through law enforcement and through cooperation from commercial interests like taxicab companies, taverns and hotels.
2. Encourages and supports health programs for the control of VD.
3. Promotes appropriate social treatment of promiscuous people.
4. Works for close relationships between health and social agencies, law enforcement agencies and schools.
5. Promotes good laws—*and their enforcement.*
6. Works for good detention facilities for women and girls.
7. Encourages the community to employ qualified medical, psychiatric, and other social workers, policewomen, probation, and parole officers.
8. Educates, in every way possible, both a) to improve individual behavior, and b) to help the public understand the whole social protection program.

Federal Action

During the war, the Federal Government came to the help of war-burdened communities in meeting their mammoth problems in social control.

There were already a few Federal laws in this field. The Mann Act of 1910 prohibits interstate and international traffic in women. The so-called "Bennet Act" of the same year makes it illegal to import aliens for immoral purposes and permits deportation of aliens engaging in the business of prostitution.

Venereal disease was first attacked on a Nation-wide scale when Congress passed the LaFollette-Bulwinkle, or Venereal Disease Control Act, in 1938, which gives the Public Health Service funds for financial assistance to the States.

With the war emergency, Congress passed the May Act in 1941. This authorizes the Federal Government to step in when local communities cannot protect servicemen in nearby camps from organized vice. Communities have actually done such a good job that the May Act has been invoked only twice.

To coordinate the social protection fight on a Nation-wide scale, the Army and Navy, the Federal Security Agency (including the United States Public Health Service and the Social Protection Division), and the American Social Hygiene Association in 1943 established working relationships based on the "Eight-Point Agreement,"[1] for the purpose of

[1]The Eight-Point Agreement was entered into in the fall of 1939 by the War and Navy Departments, the Federal Security Agency, and State Health Departments on measures for the control of venereal diseases in areas where armed forces or national defense employees were concentrated. In May, 1940, this agreement was adopted by the conference of State and Territorial Health Officers.

promoting coordinated effort in the community, where the actual work must be done.

Functions of these groups have been delineated as follows:

"*A. The Army and Navy:*

1. Conduct an educational program for military personnel embodying:
   a. Facts regarding the venereal diseases and their communicability, and
   b. The importance of prophylaxis in their prevention.
2. Establish prophylactic stations within all Army and Navy posts and in communities visted by military or naval personnel in sufficient numbers to make official prophylactic stations practicable. Provide for the adequate treatment of all military and naval personnel having venereal diseases.
3. Gather authentic information relative to the identities of sexual contacts and circumstances of procurement from enlisted personnel developing venereal diseases, and
4. Refer information regarding contacts to civilian health authorities either direct or through the Liaison Officers of the U. S. Public Health Service, as the circumstances may warrant.
5. Refer information relative to vice conditions to local or State law enforcement authorities, and to the representatives of the Social Protection Section (now Division), and to the American Social Hygiene Association for appropriate action of these agencies.
6. Lend all assistance possible to the cooperating agencies to bring about a reduction in exposures to venereal diseases through the repression of prostitution, both organized and clandestine.

"*B. The United States Public Health Service:*

1. Assist State departments of health and through them local departments of health in the promotion of efficient venereal disease control services, particularly in communities adjacent to military and naval establishments, and communities serving as recreation centers for military and navy personnel.
2. Encourage provisions for prophylactic treatment in places frequently visited by military or naval personnel but in numbers insufficient to warrant the establishment of official stations by the armed forces.
3. Encourage the State and local health departments to make prompt and thorough investigation of sex contacts of members of the armed forces developing venereal diseases when ac-

curate information insuring the identification of such contacts is submitted by the Army or Navy.

4. Advise Army or Navy venereal disease control officers relative to the submission of contact reports to civilian health agencies to see that such reports reach responsible officials with the least possible delay.
5. Encourage reporting of contacts of enlisted men with infected civilians to Army or Navy medical officers in charge.
6. Encourage cooperation between civilian health authorities and Army and Navy venereal disease control officers and assist in overcoming misunderstandings which may arise between military or naval officials and civilian authorities.
7. When requested by the Army or Navy, intensify efforts toward the development of adequate venereal disease programs in areas in which State or local health officers cannot or will not make adequate provisions for venereal disease control.
8. Inform military or naval officials of existing conditions and health facilities in communities where posts are being established.

"C. The Social Protection Section ... (now Social Protection Division):

1. Gather and evaluate information relative to prostitution and related conditions in communities adjacent to military or naval establishments and in communities where there is concentration of war industry.
2. Gather and evaluate information relative to the statutory and administrative measures designed to combat prostitution and related conditions, including:
   a. The extent to which such measures are enforced; and
   b. The results achieved.
3. Investigate local requests for community facilities funds for purposes related to the social protection program.
4. Encourage legal and social measures for the protection of girls and women from prostitution and related hazards, and for the social redirection of those who have become involved in prostitution.
5. Secure action by law enforcement officials for the repression of prostitution in areas indicated by Army or Navy reports to be especially dangerous to military or naval personnel from the standpoint of venereal disease.
6. Bring to the attention of the appropriate military or naval authorities the continued failure of local law enforcement in areas which may affect the health of Army or Navy personnel. This work may be directly related to possible invocation of the May Act.

7. Encourage community organization in the repression program, with particular reference to localities of military stations or war industry.
8. Engage in measures to improve techniques of police, community agencies and others in matters relating to the repression and prevention of prostitution and the reduction of venereal disease.

"D. The American Social Hygiene Association:

1. Gather information relative to commercialized prostitution in communities adjacent to military or naval establishments and those frequently visited by soldiers or sailors.
2. Gather and evaluate information relative to the laws for the prevention of venereal disease, and for the repression of vice conditions, and,
3. Through State and local social hygiene societies and influential citizens' groups create public sentiment against prostitution and related conditions and bring about a public demand for enforcement of existing laws and for the enactment of additional legislation should such be necessary.
4. Through societies mentioned above create public demand for the financing and promotion of efficient venereal disease, social protection, and educational programs in States and localities in which present programs are inadequate."

This coordinated, Nation-wide attack on vice and VD has helped to produce some excellent results. More than 700 communities have already closed their red-light districts and dozens have launched wide educational and enforcement drives, with encouraging drops in the VD rate. Research into the causes of prostitution was much accelerated during the war, and a few successful demonstrations have taken place in the field of prevention and cure.

National unofficial groups and organizations have joined in the work. They stand ready to back communities which want to set up better social protection programs. For instance:

The International Association of Chiefs of Police and the National Sheriffs' Association have not only officially endorsed the repression program but have acted as advisers and interpreters to their membership.

The Travelers Aid Association, Child Welfare League of America, National Probation Association, American Public Welfare Association, American Legion, General Federation of Women's Clubs and National Congress of Parents and Teachers have all endorsed the social protection program and urged their members to help in it locally.

Trade organizations like the American Hotel Association, the

Conference of Alcoholic Beverage Industries, Inc., the Brewing Industry Foundation and the United Motor Courts, Inc. (a tourist camp trade group) recognizing the evils of lax standards and low-grade establishments, have gone on record as endorsing the social protection program and have cooperated by encouraging self-policing procedures to discourage any activities relating to prostitution, promiscuity or pandering in and around their places of business.

These national groups, official and unofficial, can only help, advise and supplement. Social protection is a local job, a matter for community action.

What have our towns and cities done during the war?

It Can Be Done

The war proved beyond a shadow of a doubt that community action can do much to control the vice situation and the VD rate. When strict repression was invoked, VD rates often fell dramatically. In one city, the rate dropped from 61 per thousand to 16 per thousand in a matter of months.

Where repression was practiced cities discovered to their surprise and relief that it did not result in an accelerated increase in rape and other sex crimes. There has been a continuous increase in rape in United States since 1933. Neither war nor repression seem to have had any appreciable effect on this trend. In some cities, in fact, police records show a decrease in sex crimes following the closing of houses of prostitution. Tolerated vice is no safeguard to virtue. On the contrary, it is a continued menace.

Here are some examples of what communities can do:

In a city near a large air base, local authorities pledged to keep the city "clean" as the base came into operation. A few weeks after it opened, everyone concerned was alarmed to find that the VD rate was much higher than expected. At the end of 3 months, it was the highest in that service command. The commanding officer and the local mayor promptly formed a committee including military and civilian medical officers and law enforcement officers. This committee soon found that, as the contact reports indicated, prostitution was far from repressed. Three houses that had supposedly closed were actually running full blast; one closed on the threat of arrest, one when threatened with abatement. The other had to be closed by injunction. Two leading hotels turned out to be harboring "call girls" who were using the bellboys as procurers. One hotel cleaned up voluntarily; the other had to be placed off limits until the owner cleaned up.

Taxicabs were enjoying a field day; one driver boasted that he cleared $100 a day off liquor and women. When evidence was submitted to the Office of Defense Transportation in Washington, 22 drivers had their gas rations reduced, and 8 were forbidden to operate cabs entirely.

Two policewomen were added to the law enforcement staff to supervise taverns and dance halls and report violations of the health code. Some hotspot operators, who were allowing bad conditions, cleaned house when threatened with proceedings by the Board of Health. The local brewing industry representatives saw to it that bars complied with regulations. The sheriff in a neighboring county swung into action against offending tourist camps, which were increasingly being named as points of infection. Within a week, two tourist camps closed, one went under new management and another completely reformed. The rest were declared off limits by the Army.

As this high-powered vice was suppressed, the community became more aware of another problem: the large numbers of footloose young girls who were coming into town. When questioned, many of these girls proved to have no funds and no jobs; many of them were already infected with VD. This made the medical and law enforcement group realize that they needed other types of community action. They called in social agencies, formed a new and larger committee which could consider resources for preventive and rehabilitative work with these girls, sending them home or to detention homes, finding jobs for them, giving them financial assistance or counselling when the girls found the city more formidable than they had expected. Sub-committees were set up on Enforcement, Education and Protective Care, and a wide educational program was launched to help every citizen understand the whole scope of social protection.

In some places, vice is hidden behind political "front" men. In a western city, commercial vice was deeply entrenched in a "controlled" red-light district from which some city officials directly profited. The Army and the Social Protection Division appealed in vain for repression. The VD rate in nearby Army camps rose rapidly and dangerously. Finally, the Army declared the entire city off limits. This was a salutary shock to the city's business men who faced the loss of several hundred thousand dollars monthly, and to good citizens distressed for their city's reputation. The citizens got together and demanded the resignation of the officials involved. After heated discussion, certain officials were removed, and new officials recommended by the citizens' committees were appointed in their place. The Army revoked the off limits order. Five weeks later, the old group quietly regained power. It became apparent that the city would have to elect a completely clean slate. A good government group organized for the campaign, and, in a dramatic last-round fight, cleaned out the vice ring in the City Hall, and made the city a clean place to live in.

Another city, with a permanent Army post nearby, had tolerated a small segregated district for years. City officials were not corrupt. They conscientiously believed that houses of prostitution were the best policy for both military and civilian personnel. When the city suddenly expanded with the war, everyone realized that something must be done. After consulting with the Social Protection Division, officials closed the district and started a repression program. Law enforcement personnel was increased, a city-wide program of education started. The success of the program is shown by the fact that the VD rate is unusually low in this city.

In a fourth city, in the Northwest, the Social Protection Committee, working with the health and police departments, set up three subcommittees on Education, on Social Protection and Detention, and on Law Enforcement and Prosecution. Factories distributed 85,000 pamphlets on VD and on the whole protection program. The utility company tucked 25,000 leaflets into its bills. Prostitution was repressed, jail facilities improved, detention facilities provided for the younger, uninfected girls; and a medical social worker was employed to help in rehabilitating first offenders. Syphilis fell 47 percent in 1 year, gonorrhea 25 percent. Now the city proposes to work on better tavern supervision, an ordinance prohibiting unaccompanied women in night spots, and a long-term program of better housing to ease conditions that obviously encourage vice.

Avoid a Let Down

In some ways, the fight against vice and VD was easier in wartime than it is now that peace has come. Wartime sanctions invoked by agencies like the War Department, Navy Department and Office of Defense Transportation, plus community enthusiasm, and the contact investigating made possible by Army and Navy reports, made it possible to set up many effective programs. Citizens are always more anxious to take care of young men in uniform than those same young men in civilian clothes.

There is a good chance, however, that this time communities will not slip back into the quagmire, where many of them were in the twenties. More is known about the problem. More people learned, during the war, that it is good business as well as good sense to have a clean community. More community weapons to do the job are available.

Part II Community Weapons

Chapter 1

LAW ENFORCEMENT

"POLICE officers want facts," says Paul V. McNutt, Federal Security Administrator, "when they have the facts and a really effective grasp of the law and the police methods for dealing with the problem, you will find no more cooperative group of officials in any profession." This has proved true in social protection work. Many law enforcement officers not only enforce the laws against prostitution, but they see the *reasons* for social protection. They believe in, and help in, preventive and rehabilitative work.

It's the Law

State legislation in the field of social protection varies widely. Many States have adequate laws and need only better enforcement; but there are still striking gaps. Seven States do not make it illegal for an individual to live off the earnings of a prostitute. Four States do not yet make it a criminal offense to own a house of ill fame; police have to use the slow and cumbersome Abatement and Injunction Law.[1] Four States do not even have this law. Twenty-eight States do not set statutory criminal punishments for prostitutes or their customers. Twelve States do not require premarital blood tests for VD; three States require tests only for men. Only one prohibits the marriage of people with VD. Thirteen States still do not require prenatal blood tests for syphilis.

A good many States have adopted the Standard Vice-Repressive Law drafted by the Federal Government in 1919, which specifies that customers as well as prostitutes must be prosecuted.

Any community in doubt about the adequacy of its own State laws should check them to make sure they include the following points:

[1]Injunction and abatement laws provide for the closing of any establishment in which prostitution is proved to exist. Owners, managers, employees and others concerned may be enjoined from maintaining the nuisance caused by prostitution activities. Movable property may be sold, and the premises padlocked for a specified length of time or owners may be permitted to post a bond to assure lawful future use of the property. Injunction and abatement proceedings are civil, not criminal, actions and may be brought by any group of interested citizens, as well as the officials named in the statute. The reader must understand that this is a general explanation and specific State laws will differ in details.

Laws against prostitution, including:

Giving or receiving the body for indiscriminate sexual intercourse with or without exchange of money,
Soliciting on the streets or in a public place,
Receiving or offering to receive anyone into any place or conveyance for purposes of prostitution,
Keeping a house of prostitution,
Use of trailer, tourist camp, or any conveyance for the purpose of prostitution or immoral purpose or act,
Living off the earnings of prostitution.

Laws against aiding or facilitating prostitution, including:

Owning or leasing a house for prostitution purposes,
Transporting a male or female for prostitution purposes,
Compelling persons to engage in prostitution,
Acting as a procurer or pander for prostitution,
Contributing to the sex delinquency of a minor,
Living off the earnings of prostitution.

Laws to control venereal disease, including:

Premarital examination,
Prenatal examination,
Medical examination of all morals offenders,
The examination of anyone reasonably suspected of having a venereal disease,
Reporting of VD cases by doctors to the health department,
Quarantine for contagious diseases, including VD,
Prohibition against advertising of VD remedies by any person, or agency other than the State board of health or agencies approved by the State board of health,
Prohibition against sale of preparations for the prevention of VD except by places registered by the State board of pharmacy,
Prohibition against sale of medicines to be used for the cure or alleviation of VD, except on prescription by licensed physicians.

Laws to aid in social protection law enforcement, including:

Injunction and abatement laws, under which houses may be closed,
Laws specifying wages, hours, and types of employment for girls under 18 years of age,

Licensing laws prohibiting sale of liquor to minors, to drunken and other disorderly persons.

In addition, each town and city should have local ordinances that will make it possible for law enforcement officers to do a good social protection job. Such ordinances include:

Protective dance-hall regulations,
Provisions for regulation, inspection, operation of hotels, taverns, tourist camps, rooming houses and night spots,
Supports for State enforcement legislation, such as regulations against street soliciting, operating houses of prostitution, aiding or abetting prostitution,
Supports for State medical legislation, such as regulations providing for quarantine, treatment, detention of VD cases.

The Police Department and the Prostitute[2]

Repression is only part of a complete community social protection program; but efficient repression is absolutely necessary to its success. Experience in many communities proves that there are no insurmountable obstacles to the closing of a known *house of prostitution.* Padlock proceedings, frequent raids, the posting of policemen at the entrances to question patrons, asking the health commissioner to quarantine the establishment, are all common methods known to local law enforcement officers. "*Third party interests*" who try to corrupt or hamper the police may cause more trouble. Sometimes simply threatening to expose the name of the true owner of the house has been found to have a magical effect; or newspapers may be encouraged to investigate the shyster lawyers and professional bondsmen who appear for almost all professional prostitutes, the doctors, so-called, who give prostitutes "health certificates," the launderers, furniture dealers, and others who exploit the girls and thus have an interest in keeping the houses open. Occasionally, the city government itself is involved, either because crooked politicians are playing ball with the vice overlords, because city officials see no harm in toleration, or because they actually believe that the "fining system" of allowing girls to operate but taxing

[2]More detailed material on law enforcement is available in two pamphlets, "*Techniques of Law Enforcement Against Prostitution,*" and "*Techniques of Law Enforcement in the Treatment of Juveniles and the Prevention of Juvenile Delinquency,*" to law enforcement officers and other interested officials, from the Social Protection Division, Office of Community War Services, Federal Security Agency, Washington 25, D. C.

their incomes by frequent, automatic pick-ups and fines is an easy way of collecting revenue. Here, again, an aggressive police department can enlist newspaper or citizen committee support. It is a shocking situation when a community is willing to profit from the sale of women's bodies.

Street-walkers do not increase when the houses are closed, but they naturally become the next major enforcement problem. They can be kept to a minimum by skillful, alert patrolling, and the use of plain-clothes men to spot persistent offenders. The inmates of *call flats* can be charged with many offenses, including disorderly conduct, soliciting, or occupying rooms for immoral purposes. Experienced police also check rental and utility receipts to get at the true identity of the flat's owners. *Call girls,* engaged by phone, generally work through "third-party interests," especially bellboys and taxi drivers, all of whom should be made the subjects of repressive action. They in turn may reveal *call bureaus,* which can be raided on search or arrest warrants. *Clandestine prostitutes* and promiscuous persons need constant vigilance from patrol cars and foot patrolmen who check parking lots, public parks, night spots, empty playgrounds and amusement centers.

Spot maps showing where VD infections are occurring can be set up with the cooperation of the health department and are very useful in showing where surveillance is needed. Aggressive police departments also keep in touch with every element in the community that is, or should be, interested in social control, from the amusement, hotel and taxi industries, which should be encouraged to police themselves, to the health department and welfare agencies.

Two points are emphasized and reemphasized by leading police officers:

One.—To toss girls over the city line, as some places still do, is to make a problem for some neighboring town which will be only too glad to reciprocate. To fine and release them, or jail them for short terms, is to ask for more police work in a few years, or months — or days. Police departments should use every resource the city has in an attempt to break this vicious circle.

Two.—Progressive police departments advise the local health departments of all cases arrested for morals offenses. But they remember that having VD is not a crime. This disease must be found and treated for the sake of the community as well as the individual; but this is a medical, not a law enforcement problem. Treatment is up to the local health department, not the court.

Hot Spots and Trouble Spots

The amusement places, the hotels and tourist camps, the restaurants and the taxicabs in a community are all potential trouble spots from a standpoint of social control. Fortunately, most businessmen, aside from their own feelings as citizens, know that a clean town means good business. Leaders in the beer and liquor industries are willing to join forces in the program even to the extent of occasionally withholding supplies from places making trouble.

The tawdry, semi-underworld places and people, the unscrupulous "juke joints," and unsavory hotels often need community pressure and positive police action. They are not just the haunts of prostitutes and procurers; they condone conduct, especially by young girls, that leads to delinquency and in turn to a new crop of prostitutes.

Here are some ways in which communities have dealt with these problems successfully:

Hotels.—Their facilities, of course, are easy for prostitutes to exploit, generally by working through conniving bellboys, doormen, and so on. Police often collect contact data from health officials to spot the dubious places, then call a meeting of owners and managers to explain the drive on prostitution and the relation of prostitution to disease. The American Hotel Association suggests these techniques for hotels which want to do their own housecleaning:

1. Pay employees for reports on illegal activities in the hotel.
2. Change house detectives to "house officers" in uniform. This often frightens off prostitutes.
3. Close all but lobby entrances at night after 11 o'clock if safety permits.
4. Demand sufficient identification from baggageless guests.
5. Check on women patrons who get or make an unusual number of telephone calls.

Most hotels prove anxious to cooperate. Police sometimes help them do an emergency clean-up by assigning plain-clothes men or policewomen, or allowing them to hire trained operatives after hours, and by sending the hotel an official letter which can be conspicuously posted for the guidance of employees. *Recalcitrant hotels* and dubious rooming houses may require the use of injunction and abatement proceedings, investigation by sanitary commissioners who can revoke their licenses, and, at any time, orders by nearby Army and Navy officials who can simply put them off limits to service personnel.

Taverns, bars, "juke joints," dance halls, and other amusement spots are among the most vulnerable points in the community armor against sex delinquency. Improperly run, they furnish the most productive breeding grounds for prostitution and VD. No community should tol-

erate the following: restaurants which employ scantily clad "car hops"; dance halls with no consistent supervision, especially taxi dance halls with "hostesses"; bowling alleys employing young pin girls; movies which do not separate unescorted children from adults, or provide supervision; bars and taverns which encourage juvenile patronage or are careless about the age of customers ordering drinks; restaurants so dimly lit that waitresses must use flashlights to write up orders; night spots which allow unescorted women to mingle with male customers; and innocent looking pop-and-candy stores near schools which encourage loitering at all hours and which may do a thriving petty gambling and pornographic business on the side.

Many businessmen and business organizations have proved the efficacy of *self-policing*. In Minneapolis, Minn., for instance, the tavern owners personally financed a Service Bureau, providing a registration system which prevents people of borderline age from purchasing alcoholic beverages and keeps minors and young girls out of taverns. This self-regulatory program won Nation-wide recognition immediately as one of the most advanced measures ever taken by a tavern group.

Youths in the doubtful-age brackets are required to carry verified identification cards with photographs attached in order to patronize taverns affiliated to the Service Bureau. Bartenders refer customers who appear to be under age to this Bureau, which checks with the local or State health departments and issues a registration card to the applicants, free of charge. A year after the initiation of the program, 48 taverns, representing 75 percent of the tavern business of the City of Minneapolis, were affiliated with this plan, and 12,800 young men and women had been registered. Of these, 308 actually admitted they were under age, while between 700 and 800 attempted to falsify their ages. Registration cards were refused to those people and their names sent to member tavernmen warning them to be on the lookout for the youngsters. Not a single member tavernman during the period of the plan has been charged with serving a minor.

The On-Sale Beverage Council in San Francisco, Calif., uses every Monday for self-policing. On that day, they get from the local Social Protection representative the names of taverns that have been named in contact reports of the Army and Navy. Then two men, designated

by the Council, on their own time and at their own expense, visit these taverns and interpret to them self-policing methods. The two representatives scrutinize the place, see where trouble can arise, tell waiters and bartenders how they can discourage "pick-ups," and in general make it clear to the tavern keeper that a blot on his name is a blot on the whole roster of San Francisco taverns. When a contact report has mentioned a girl as picking up men in a tavern, a sealed envelope is left there asking her to report for examination at the Department of Public Health. Since the girls are generally known only by their first names, the help of the tavern owners is essential. Once they understand that the purpose is to help the girls, not to punish them, they are generally cooperative and results have been excellent.

In Atlanta, Ga., the police chief met with 200 Negro cab drivers at the office of the Atlanta Urban League, which is trying to cut down VD. A committee including the owner of a fleet of taxicabs was appointed and an educational campaign started. The campaign urged drivers to bar trips for questionable purposes and to allow VD posters to be displayed in their cabs. Drivers also offered to take fares free of charge to a health center for examination during Negro Health Week.

One of the biggest chains of dance halls in the country has the following code: No unescorted minors permitted. Uniformed private policemen always at door. Guests may not go in and out of dance hall. Matron always available. No liquor served to any group which includes minors. No one under influence of liquor allowed. "Difficult" customers privately interviewed by manager, threatened with police action if they do not then comply with the rules.

Tourist camps can easily be checked by patrolmen or sheriffs. Observing the amount and kind of traffic for a few nights quickly proves which ones are allowing taxicabs to make numerous trips from nearby towns, or renting cabins several times a night. All tourist camps should be required by law, as some already are, to keep the kind of records that hotels do.

Taxicab drivers sometimes direct and take fares to known houses of prostitution, lend their cabs for immoral purposes, or even act as panders for prostitutes, and share their earnings. The National Association of Taxicab Owners has heartily backed the repression program, and most fleet owners are glad to cooperate. Many States and cities have laws and ordinances covering these practices. Cities should also require cab companies to have inspectors for "street checking" of cabs

to see what they are up to, to select drivers carefully for background and character, to refuse to serve known red-light districts or "call flats," and to remove their phones and parking stations from suspicious districts. Communities can use their power if necessary to revoke taxi licenses.

Working conditions, wages, and hours may contribute to delinquency among girls and young women. The community should make sure that its restaurants and amusement places are living up to State and local regulations, especially those pertaining to the hiring of minors, and the conditions under which they work. Late hours, bad moral conditions, sub-standard wages, all play an obvious part in driving the weak, ignorant or backward into vice.

Grand Juries, District Attorneys, and Sheriffs

These law enforcement representatives stand in the front line of the repression fight, shoulder to shoulder with the police.

Grand Juries can, and often do, render a great public service in drives against prostitution. The mere knowledge that a Grand Jury was about to convene has often caused vice rings to suspend. Grand Juries often stimulate community action, point out conditions, get much-needed publicity for better community protection. In Fulton County, Ga., for example, a series of Grand Juries produced a special Law Enforcement Committee and a far-reaching program for community action in correcting bad conditions. Finally, the foremen of the successive Grand Juries formed a committee to give each new jury the benefit of past experience. In Alameda County, Calif., the Grand Jury similarly produced a much-needed blueprint for community improvement in the handling of vice cases, and in probation and detention facilities.

State and District Attorneys have often proved that it is difficult for organized vice to exist in a community which has an aggressive prosecutor. The prosecutor in one big city did such a thorough job on houses, fly-by-night hot spots and similar places, that simultaneous raids were made on 114 disorderly places, 150 prostitutes arrested, 60 procurers and madams given jail terms, and a large group of girls from 12 to 15 years of age restored to their families.

The sheriff's authority is county-wide, but municipal policing is usually left to the local police department. When there is a breakdown in municipal enforcement, however, sheriffs have frequently worked with the prosecuting attorney in breaking up vice resorts. The National Sheriffs' Association, moreover, has recommended to all sheriffs systematic patrolling and observation, especially around tourist camps, roadstands, and roadhouses, and other rural adjuncts to big city night life.

The Court: One-Way Exit or Revolving Door

Courts have an important part to play in helping to cut down our community burden. But too many courts have been futile and even degrading places. These backward courts still survive in many communities. Girls and women are brought in, while morbid spectators watch and procurers hang around the doors to contact them as they leave. The victims are hurried through a routine procedure, fined or sentenced to short jail sentences. This "revolving door" procedure, varied by occasional "crusades" when community pressure gets too strong, obviously neither solves the community problem nor helps the prostitute. Municipal court judges have frequently deplored the situation but have been powerless to prevent it.

All communities should, if possible, establish separate women's courts. Social studies of the women arrested should be available to the judge to help him determine the most hopeful form of treatment; a probation staff, good detention facilities, cooperative welfare agencies including, if possible, psychiatric service, should also be available. All men and women involved in morals charges should be examined for VD, but the results should not be made known to the judge until after adjudication. VD is not a crime but a condition. The results of the examination should be used in determining what disposition will be made of the offender after guilt has been established. Courts should be dignified and private, but prosecutors should always be present to get evidence about "third party interests" in a vice case so that action can be taken against them.

Not all cities can manage a separate woman's court, but all can incorporate good practices in their own municipal courts. When new laws are needed to effect such practices, they should be promoted. A New York Welfare Council report summarizes many of these points. Briefly, they are:

"1. All cases in which women or girls are involved as sex offenders or victims of sex offenses should be concentrated in one court, a woman's court if possible. However, if a juvenile court exists, it should handle cases where court action appears indicated for girls of juvenile court age.

2. A limited number of judges, carefully chosen, should be permanently assigned.
3. The judges should draft a code of procedure covering such points as: a calendar that will not allow lawyers to maneuver their cases before any special judge; an orderly atmosphere, including registering visitors to discourage curiosity-seekers; cubicles in which lawyers can talk privately to clients; entrances kept clear of hangers-on; and a time limit on the trial of women out on bail so they cannot resort to prostitution to pay their lawyers and bondsmen.
4. In large cities, a record should be kept of prostitution cases handled by any given lawyer in any year, to indicate organized forces back of the prostitutes, and competent legal service should be available to all women so that they will not have to resort to exploiters.
5. Similarly, lawyers should furnish sworn statements on fees, dates due, and source of payment, and defendants should file sworn statements on the source of bail. This helps expose the "system."
6. Judges and probation departments should work out a simplified form on which to enter information on such facts as age, family resources, earning capacity, previous history, and psychiatric report if available.
7. Sentences should be uniform and probation used when advisable.
8. Suspended sentences and short-term commitments should be wholly eliminated. Probation, or commitment to institutions offering rehabilitation programs, should replace them.
9. The judges should consult and plan with probation authorities and heads of institutions for individual cases which give promise of genuine rehabilitation."

In smaller cities, public welfare departments and private agencies can help provide background information on offenders and work with the judge on the disposition of individual cases. The Travelers Aid is especially qualified to help with confused and unsettled young people.

The Law and the Girl

The fight against delinquency has become a major problem in the social protection program. The first police handling of a girl delinquent may be the determining influence in her future life. This makes many law enforcement authorities extremely careful in their approach.

They know that today's "pick-up" may be either tomorrow's prostitute or a happy, responsible member of the community, depending upon the treatment she receives from law enforcement and other community services.

Trained or qualified policewomen, of course, are particularly effective for this work. The average police officer, however, can do a good job if he understands community resources. He may call on the child welfare department or a private agency to help diagnose the problem and plan for the girl. He may take the girl to the juvenile aid bureau or its equivalent, if the town has one. He may take her to juvenile court if necessary. He may find out her family can take over if the situation is properly explained. He may have to use detention facilities which, it is to be hoped, are adequate.

Juvenile aid bureaus in the police department can be useful in preventing and moving against sex delinquency. They help educate the rest of the department on the handling of these difficult cases. They inspect spots that are dangerous to minors, investigate complaints, as well as handle actual cases of girls. Juvenile courts are, of course, a necessity. The tendency today, however, is to have them deal only with those cases of juvenile delinquency requiring official action. There is still some disagreement on how much responsibility they should exercise for subsequent treatment of the children. In any case, juvenile courts, both as operating parts of the program and as forces for better community living, are an important part in any over-all program of social protection.

Policewomen

Trained or qualified policewomen are one of the keys to a progressive social protection program. Their value can hardly be overemphasized.[3]

The difficulty until conditions are more nearly normal is for communities to find trained policewomen; they are very scarce. With the end of the war, however, there is reason to hope that returning servicewomen, Red Cross workers, and other mature and trained people will be interested in this new and important field. Many people hope, too, that law enforcement schools will do more training of policewomen. In the meantime, communities have to use local women, training them on the job. They should be selected for educational background, for vigorous health, and preferably for professional experi-

[3] *Techniques of Law Enforcement in the Use of Policewoman—With Special Reference to Social Protection,"* a pamphlet itemizing modern techniques for policewomen, is available from the Social Protection Division, Office of Community War Services, Federal Security Agency, Washington 25, D. C.

ence in social work or a related field. Psychiatric training is especially valuable. The policewoman should be a well-adjusted, emotionally mature, attractive, and sensible individual who is willing to learn the special techniques of delinquency control from the law enforcement viewpoint.

Generally, policewomen are assigned to a women's bureau, crime prevention bureau, or juvenile bureau. If there is only one policewoman in a department, she should work directly under the chief of police. Full recognitior should be given to the fact that the policewoman's work is in a specialized field.

The whole emphasis in a policewoman's work is on prevention. Each year the Woman's Division of Detroit, Mich., is in touch with almost 9,000 girls between 10 and 17 years of age. Of this number, only 450 complaints are filed annually in the juvenile courts for the entire county in which Detroit is located.

The first duty of a policewoman, says Deputy Commissioner Eleonore Hutzel of Detroit, is identification of a young person found in a hazardous situaion. Policewomen make wide contacts, and friendly ones, with bus station personnel, managers of hotels and rooming houses, truck drivers, railroad station people, news-stand operators, bowling alley owners, and hundreds more—all the people who see and talk to girls who are strangers, lonely, runaway, on their own and generally in danger. These people soon learn that policewomen are trying to help the girls, and cooperate more and more by giving helpful information. It pays, Miss Hutzel adds, to tell these people afterwards what happened to the girls they described (bearing in mind, of course, the confidential nature of much of the detailed information). These persons realize then that their service was a useful one, and in consequence are still more willing to help next time. Policewomen also patrol, preferably in company with a male officer, in the town's central section and in lonely spots like parks, from 10 P.M. to morning.

A policewoman's second job, Miss Hutzel continues, is to protect boys and girls by inspecting places of commercial recreation. Here it is important to commend as well as to criticize, to encourage places which have high standards, to get bad ones to clean up by showing them that it is good business to do so, and to use coercion only as a last resort.

The third job, she concludes, is to help prosecute people who exploit girls and women. In vice cases policewomen should view "third

party interests" in the police line-up so that they can remember the faces and investigate if they see these persons later in suspicious circumstances.

Policewomen also act as counsellors. Girls are often referred to them by families or friends, by teachers, and employers. Sometimes the girl herself turns to a policewoman for help.

Girls like these are then given short-term interviews. Their needs and problems are diagnosed, and they are then referred to an appropriate agency. A complaint may need to be filed in court; the policewoman may be able to work directly with the family; or she may call on both case work and group work agencies. The need for skill, knowledge, and judgment on the policewoman's part is obvious.

Policewomen must know their own community, its government, its ordinances, its police organization, its geography, its social makeup, its danger spots, its resources. Friendly relations with community agencies are essential; the occasional friction between policewomen and case workers in welfare agencies is tragic for the girls they both want to help.

Detention Facilities: Concentration Camps

America has been shocked lately by national exposés of the conditions under which youthful delinquents and promiscuous women have been detained in many of our counties and even in fair-sized cities.

Even back in 1940, 78 percent of 3,117 jails inspected were found unsatisfactory for housing Federal prisoners. A recent survey of one State's 23 county lockups revealed a complete lack of privacy for women, 16-year-old "adults" locked up with hardened prostitutes, and indescribably poor conditions of food and sanitation.

Obviously, a broad-scale revamping of our jail system is not possible until more normal times, but any community can even now make definite improvements. Here is a short list of policies worked out by the Social Protection Division in cooperation with experienced law enforcement officers:

1. Minimum attainable goals for adult and juvenile detention should be agreed upon, and law enforcement officers should then work toward their attainment.
2. Law enforcement officers should recognize that while they are responsible for administration of jails and lockups in most areas, they do not have the responsibility for determining the kind of facility to be provided. Close cooperation with county and city fiscal and administrative authorities is therefore indicated, to the end that proper facilities may be established in the future.

3. Pending the establishment of adequate jail systems, law enforcement officers should devote their energies to bringing about standards of cleanliness and sanitation to make health and decency possible for the inmates. They can at least make certain that prisoners do not actually have their health impaired in jail.
4. Proper methods of segregation can keep apart inmates who might be harmed, physically or morally, by contact with others. Jails should not be "schools of crime."
5. The worst features of enforced idleness should be eliminated through the constructive use of inmates' time.
6. People with a legal or moral right to be held elsewhere should never be detained in jail. These people include juveniles, the insane, the feebleminded, chronic alcoholics, and anyone who, regardless of ability to raise bail, is a good risk to remain in the community under pledge to appear when required in court.
7. The fee system should be discontinued, both as it relates to profits from feeding people and as it affects the "turnkey" practice.

The fundamental principle in juvenile detention is that juveniles, as a general rule, should not be held in jail, though in some unusual situations strong detention may be necessary for the protection of the juvenile or the community. In general, no girls or boys should be held in custody pending court hearing unless the parents or guardians are definitely unable or unwilling to produce them upon notice, or unless the parents or guardians obviously cannot prevent them from getting into trouble again before the court hearing. Detention is an artificial form of life at best and does not represent a final solution of a juvenile's difficulties; the stay in detention should be as brief as possible.

Young sex offenders who present serious problems should not be thrown in with homeless and dependent children held for emergency care, children held as witnesses or those completing short-term commitment. As with grownups, it is desirable that no one should be in contact with others who might be an influence toward worse behavior.

A complete program for young people might include one or more subsidized foster homes and a small receiving home. With few exceptions, unfortunately, county detention homes have not proved a satisfactory substitute for detention in jail; many of them have become "juvenile jails" with all the unsavory characteristics of our poorer jails. Some criticism of foster homes has arisen, too, because of the manner in which they are run and an attempt to use them for people who logically belong in institutions.

In smaller places, without many of the usual facilities, private

agencies may be called upon for help when a promiscuous girl must be held for examination or investigation. YWCA's and Travelers Aid Societies have often been helpful.

Detention facilities and their improvement, in any case, must be a definite part of any long-term social protection set-up in a community.

Chapter 2

HEALTH WORK

PENICILLIN and other modern weapons against VD are rapidly changing the whole strategy on the health front. This does not mean, however, that an armistice on that front can be signed. Far from it.

In the first place, to quote Dr. C. E. A. Winslow, of Yale University School of Public Health, "New drugs, however powerful will not, unfortunately, apply themselves."

More than ever, well-staffed health departments are needed, equipped for complete case finding, and ready to take leadership in health education. Many more facilities should be available, and better ones, for free treatment, in addition to stepped-up contact investigation. The health department is the central agency to provide these services.

It was less than a decade ago that Surgeon General Thomas Parran, United States Public Health Service, broke the conspiracy of silence around VD with an article in the *Readers' Digest* condensed from the *Survey Graphic*. Since then, we have come a long way in open discussion of the subject and in public acceptance of responsibility.

The National Venereal Disease Control Act passed by Congress in 1938 supplied funds for the first Nation-wide VD attack, through grants-in-aid to the States and money for research and education. Much has been accomplished in the last seven years.

There are 3,800 VD clinics in the country today, as against 1,122 in 1938, more than a threefold increase, and the number of patients under treatment has almost doubled. All the States, and most large cities, now have Divisions of Veneral Disease Control, though the coverage is far from complete, since almost half of the counties in the United States still have no full-time health department. However, health officers are much readier to move against VD than they used to be when the whole subject was shrouded in an unhealthy fog of secrecy.

The United States Public Health Service administers the National VD control program. With State Health Departments it has set up 56 Rapid Treatment Centers. It has conducted and sponsored much research, helped raise standards in laboratories for better diagnosis of VD, worked with the State Health Departments, the armed services, the Social Protection Division, and the American Social Hygiene Association under the 8-Point Agreement to set up better health programs near camps and bases. Today, it is more and more interested in the broad social aspects of VD control, including the psychiatric study of promiscuous girls, and is helping to promote much scientific research along these lines.

Down on Main Street

Though both Federal and State action are obviously needed, VD is a series of local problems. No town can sit back and wait for them to be solved by the Federal Government and the State. A good local health program is built along these general lines:

1. An aggressive, well-staffed, well-supported health department with a full-time medical officer fully trained in VD control. This is a highly skilled, specialized technique.
2. Modern, dignified, well-run clinics, and hospitals including in-patient and out-patient service available for the control of infectious VD. All hospitals should be prepared to take such cases.
3. An efficient, workable system of case reporting. Accurate VD statistics are obviously vital to its control.
4. Enough trained public health nurses, trained investigators, and medical, psychiatric, and other social workers to find infected persons and their contacts, get them under treatment, and keep them under treatment until cured.
5. State-distributed free drugs to all physicians, clinics and hospitals treating VD. The curing of VD is not merely a benevolent act for the benefit of its victims; it is a protection for other citizens. No community can afford to leave cases untreated merely because patients can't or won't pay.
6. Routine blood testing by local doctors, hospitals, clinics and industry as a part of all physical examinations.

7. Approved, practical diagnostic laboratory services without charge to all physicians treating VD. Public health laboratories make more than 30,000,000 examinations a year. Every physician should be able to send patients or specimens to a convenient laboratory.
8. Public health education funds and leadership to reach all the people all the time—not merely in spasmodic "drives."
9. Social and psychiatric services cooperating with the clinics, to prevent the discouraging return of the same people with new infections over and over again.

Health departments should work closely with private doctors, hospitals and social protection groups in the community. They should be energetic in making citizens and municipal authorities see the need for good local ordinances and for a sustained city-wide drive on VD.

A Health Department at Work

Health departments and police departments have sometimes found themselves working independently on the same cases, ignorant of each other's functions and work. Dr. William F. Snow of the American Social Hygiene Association analyzes the division of duties in this way:

Police Department, Court or other Law Enforcement Agency	*Health Department*
Receives information and complaints about prostitution.	Receives information about VD infections.
Investigates to decide if arrest is necessary, or if problem may be solved in cooperation with other official and voluntary agencies.	Makes an inquiry to confirm report and determine whether the infected people are dangerous to others.
Takes offenders who are arrested into court, charges them with violating specific laws or ordinances, helps them get a fair trial.	Determines the degree and character of supervision required to protect public health in each case.
After conviction, law enforcement agencies (*a*) place cases on probation; (*b*) send them to correctional institutions; and (c) otherwise deal with them in the best interests of all concerned.	After this decision, sees to it that an infected person secures treatment, and social service when necessary.
After completion of sentence, releases people from custodial control.	Sees that patients remain under treatment until discharged by physicians.

Police Department, Court or other Law Enforcement Agency

Throughout this process, the individual should be provided with proper supervision, health and medical care by the law enforcement authorities and be protected against undesirable contacts with other people convicted or awaiting trial. Prior to release, all persons charged with practicing prostitution or known to have VD should be reported to the Health Department for such quarantine or health supervision as they deem necessary.

Health Department

Immediately after inquiry into a report of a possible VD case, the health department should inform the proper police or court officials of all pertinent facts relating to violation of laws against prostitution, or conditions and activities favoring prostitution. Throughout the health department's activities, it cooperates with law enforcement authorities in their protection of the community from exploitation by prostitutes and allied interests.

If health authorities always keep law enforcement authorities informed—and vice versa—much misunderstanding can be avoided. This is the main point to remember, plus the subsidiary point that health officers are officially concerned *only* with disease and its treatment, law enforcement people *only* with the law. Health workers should not be influenced by the offense with which the arrested person was accused; police officers and judges should not be influenced by whether or not accused persons have VD.

The Elusive VD Patient

Case finding, and particularly contact investigating, is harder in VD control, for obvious reasons, than in the control of any other contagious disease. *ALL police departments, hospitals, jails, institutions, private physicians* and others groups should understand the importance of reporting suspected VD to the local health department, or, if the health department is inefficient or nonexistent, to the State public health department. Private doctors, today, have a much higher "index of suspicion" than they used to have; they are more likely to check for VD, to recognize early symptoms. But case reporting by private doctors is still far from being adequate in many places. Luckily, many doctors who have been in the Army or Navy are coming home with a wider perception of the danger and extent of VD and the importance of complete reporting. At the same time, more and better laws to promote complete reporting are needed.

Contact reporting—reporting the names of persons who may have been infected by the patient—is even more inadequate than case reporting. Both the Army and Navy made progress during the war in getting servicemen to describe their contacts. Even in wartime, however, descriptions of a "blonde named Maisie" or a "redhead in the bar at 12th and C Streets" were sometimes the only clue furnished to local health departments. In peacetime, few men bother to supply even this sketchy description, and doctors, on the whole, have either not perceived the importance of contact investigation or have been unwilling to press their patients on the subject.

Pattern of a Good Clinic

Case holding seems to be almost as difficult as case finding in VD control. If penicillin proves to be the answer in treating VD, as it is hoped, treatment may be speedy and cheap enough to keep patients from drifting away. Under older methods, however, usually long and sometimes painful, *two-thirds of all syphilis patients did not come back long enough to be sure that they would not later suffer disastrous effects from the disease.* Sometimes, this was the fault of inferior clinics which had no respect for the dignity or privacy of the patients. They were such sordid places that many preferred the dangerous ministrations of unscrupulous druggists or quacks. There is no reason why clinics should punish a patient for having VD. For the sake of society, they must make him *want* to be cured. "A smile in the clinic," says Dr. John H. Stokes of the University of Pennsylvania, "is worth two follow-up letters."

Here are some points about clinics for communities to check.

A good clinic—

1. Is clean, efficient, friendly and so located as to provide the maximum privacy.
2. Is staffed and run by competent men and women with a sympathetic understanding of people.
3. Provides free drugs and tests for all.
4. Treats patients with interest and dignity.
5. Educates patients on the causes and symptoms of VD, and the importance of proper treatment; and directs those needing services to social and other community agencies which can help them.

The best clinics today have more than VD treatment resources to offer. The San Francisco, Calif., clinic, for instance, in cooperation with

the U. S. Public Health Service, and with some private financing as well, provides psychiatric services for promiscuous girls. Some cities, like Little Rock, Ark., have stationed a trained worker from the juvenile court staff in the clinic to interview girls and refer them, when advisable, to the proper social agencies. Other cities, like Denver, Colo., employ a full-time nurse to work out a cooperative program of case finding and case holding with private physicians.

58,000 Drug Stores

As penicillin becomes easily and cheaply available, the Nation's 58,000 drugstores will play an even more important role in saving people from the danger of self-medication. The American Pharmaceutical Association has a joint committee on VD control with the American Social Hygiene Association. The five-year-old committee educates the druggists themselves in the need for VD control measures. They learn about VD clinics and treatment facilities so that they can properly advise the numerous customers who mention their VD problems to the man behind the counter. Pharmacists all over the country participate in Social Hygiene Day and are helpful in putting up exhibits and in distributing pamphlets.

Into the Future

No one can yet prophesy with certainty the effect that modern drugs and treatment will have on VD control. It seems likely, however, that gonorrhea will be treated quickly and cheaply in doctors' offices and VD clinics. General hospitals may soon supply enough

beds for rapid treatment of syphilis. The VD clinic may gradually change character, becoming less important as a treatment center and more important in case finding, diagnosis, education, morbidity reporting and expert consultation for private physicians.

One thing is certain; communities will still need good clinics, health departments and other services to fight VD.

Chapter 3

EDUCATION: OUT IN THE OPEN

Two forms of education in social protection are equally vital:

Education for individual behavior and

Education in the nature and importance of a complete program for the control of prostitution and venereal disease.

The first form of education is at least well started. Polls show that 90 percent of the American people believe that such education is important and needed. Many national organizations, State health departments and local communities have done good work in this direction. Much more, of course, is still needed.

Education on the *nature and importance of social protection* is still in a very early stage. Here, polls reveal the shocking fact that an overwhelming percentage of people *still believe that "medical examination of segregated prostitutes" is a proper and practical form of social control.* This social lag is a challenge to social protection groups, schools, health departments and everyone concerned with public opinion.

Telling the World

Everyone interested in fighting prostitution and VD through education should pay tribute to the magnificent work of the American Social Hygiene Association. Organized in 1914, it fought these enemies in the open long before syphilis and gonorrhea were considered printable words. In hundreds of communities, education against VD still centers around Social Hygiene Day in February. Where local Social Hygiene Societies exist, they are tireless fighters for good legislation, good education and good enforcement in this field.

The United States Public Health Service promotes education in many ways. It works with State and local health departments in their

educational drives, and publishes much excellent material, such as their monthly bulletin, *Journal of Venereal Disease Information,* for people working in the field. It has done much to secure the national publicity that has broken down taboos in VD education. It has films, pamphlets, posters and radio material available to communities.

The VD Education Institute, Raleigh, N. C., sponsored by the Reynolds Foundation, the North Carolina Health Department and the United States Public Health Service, has available an effective series of popular posters and pamphlets. Millions of copies have already been distributed. The Foundation also conducts research in educational methods.

Many national organizations are doing an educational job for their members today. So are hundreds of business firms and labor unions.

Our towns, however, must still take the main responsibility for education about VD and social protection. Informed citizens are needed to back police and health departments, schools and welfare groups in their work.

Communities at Work

Hundreds of towns and cities have already put on educational campaigns, sometimes to promote blood tests, sometimes to bring the whole subject of VD out in the open, sometimes to back a current campaign against prostitution.

In one city, for instance, the VD rate was very high and prostitution was flourishing. Thirty percent of the Negro inductees had syphilis, more than 5 percent of the whites. Community leaders got together to work out a complete social protection program, including strict repression of prostitution, good contact reporting and clinic work, and preventive work in night spots and hotels. An educational drive accompanied this, both to educate the individual about VD and to get community backing for the program. Public Health films were shown at club meetings, high schools and almost every local movie theater. (The Council of Church Women took the lead in scheduling films when the men were hesitant.) Newspapers gave space at reduced rates. Three hundred and twenty-five thousand pieces of literature were distributed. Bus cards were printed and carried free by transit companies, 50 signboards were contributed by theaters, and 1,500 stickers were pasted by Boy Scouts on downtown parking meters. Doctors and nurses formed a speakers' bureau. The Negro population took part in the drive, through their movies, churches and press.

Only two small rocks of opposition were encountered: one bank finally decided a large VD advertisement on a billboard was beneath its dignity, and an outdoor advertising company postponed putting up posters until it was too late. With this very minor exception, the campaign was enthusiastically accepted by the city. The military infection rate in this city fell more than 30 percent in 9 months.

Modern Know-How

VD and social protection education today stresses the positive approach. It emphasizes the importance of family life, of healthy minds in healthy bodies, of communities free from degraded, disease-spreading areas. It reminds people that, as the Navy says, "VD can be cured, but there's no medicine for regret." It continues the long, necessary attempt to have everyone, everywhere, know the *why* of a social protection program.

America has developed community education to a high degree of technical skill. Trained publicity people are available in all larger communities, and are worth the price of their services. If social protection groups must run their own educational programs, they will do well to stress one or two points at a time. No one can explain all of a highly technical subject in one drive.

In general, local people are only too glad to cooperate in a publicity program. Most radio stations today are willing to put on *well-done* spot announcements, interviews or dramatic skits about social protection and venereal disease. Newspapers, churches, libraries, public amusement places, stores with suitable window space, public buildings, movies and theaters, buses and street cars, are almost uniformly cooperative.

Two points to remember:

1. Reach beyond the educated, white-collar groups. Most of them need the education less than the crowd down at the local poolroom, some of whom may never read a newspaper. In Detroit, Mich., the public health authorities have put on a novel and interesting campaign to reach these people. Two men, trained VD educators, make the rounds of bars, poolrooms and the like, showing movies about VD and delivering short, informal talks. They are careful to use alley slang rather than scientific language in discussing VD, to keep the talks free of the sort of moral uplift that might be resented. They report that the proprietors of these places are uniformly glad to have them.

2. Reach all minority groups, including, of course, the Negro minority. Negro leaders are anxious to educate their people. They should have a place in any community education movement.

No VD Tomorrow

The educational methods used in the schools are rapidly changing today. Only a few years ago, "sex education," when available, too often

consisted of a lecture delivered by a physical education teacher or a visiting doctor who knew little about the proper approach in talking to boys or girls. Today, many communities include education for individual behavior as an integral part of their school program. The importance of the right kind of thinking and living, the responsibilities of family life and parenthood, the physiology of the reproductive system, are all woven into the curriculum rather than isolated in an unnatural way as a "separate" part of life.

To be effective, such education for living is a task for teachers who themselves are mature, stable, wise and well-trained people. Several interesting projects today are being carried on by a specialist sent by the United States Public Health Service to the United States Office of Education, and by specialists of the American Social Hygiene Association. On request, they visit teacher-training schools of all kinds, work with them to train teachers in this all-important field. Twenty-eight States have already shown definite interest in the work.

Chapter 4

LABOR AND INDUSTRY

AN estimated $168,000,000 is taken out of the pockets of American workers each year because of working days lost as a result of venereal disease. Keeping the loss in man-hours down to a minimum has been essential in wartime. The venereal disease control programs that have been carried out during the war contributed a great deal to maintaining the efficiency of the home-front army. It has not been an easy task.

During World War II vast numbers of people migrated from one section of the country to another as manpower demands drained the byways of America of their able-bodied workers. Men and women from the rural areas of the country were pressed into war service in crowded urban areas. There was no planning for them comparable to the planning which was done for the welfare of the men in the armed forces. During the beginning of the war effort, even housing and sewage facilities, let alone adequate provision for health, recreation and education, were often neglected in the rush to get on with the job of producing war goods.

To keep workers on the job, management has greatly extended in-shop health services. Though shortages of trained nurses and physicians have limited examinations and services to the bare essentials, real gains have been made as a result of a wide extension of pre-employment examinations which have brought many people afflicted with venereal disease under treatment. Wartime labor shortages have made management aware that a person should not be excluded from employment because he or she happens to have venereal disease, *if it is brought under treatment.* Most employers now understand that a person under treatment is usually non-infectious. The United States Chamber of Commerce and the United States Public Health Service have been most helpful in driving this fact home. Trade unions which previously were reluctant to approve blood testing for their members have not only accepted this procedure but have helped to put on campaigns for mass blood testing of all workers, as soon as they reached understandings with management that jobs would be safeguarded. The American Social Hygiene Association has been successful in several places in getting management and labor to put on blood testing campaigns.

Interesting examples of what can be accomplished when health departments and labor unions get together are to be found in the State of California and in Birmingham, Ala. In California, blood tests were made of the membership of 165 local unions, after they had been presented with a plan which had been drawn up by their own leadership. This accomplishment was reported in 1942. More recently, a similar project was undertaken with the longshoremen in San Francisco, in which a reported 97 percent of the membership of some of the largest unions on the West Coast participated. In Birmingham, one of the strongest centers of organized labor in the South, trade unions, AFL and CIO, spearheaded a city-wide drive to get all the workers to have blood tests.

The success of these efforts cannot be measured only in terms of the numbers of new cases that are found—though this is important. It costs less to locate new cases of syphilis through mass blood testing

than through other methods. An indirect value of mass blood tests conducted in cooperation with trade unions is that it brings about free and democratic discussion of venereal disease and its treatment among a large and important public and spreads accurate information about the diseases among the groups where it is most needed.

Examinations for syphilis are still not common in industries like laundries, restaurants, domestic service, and other low-paying kinds of employment where indications point to the greatest prevalence of venereal disease. The case finding results of blood testing campaigns and preemployment examinations are important but this is only the beginning of a program for industry.

In the civilian army there has been no mass education program for prevention and protection comparable to that conducted by the Army and Navy. Lack of facilities for in-plant education, community attitudes which still inhibit efforts to obtain frank discussion of venereal disease and its prevention, and the general pressure of other kinds of activities have generally stalemated any such program. In the few plants where educational programs have been undertaken, the results have been favorably received, with only a negligible number of objections. Hundreds of thousands of leaflets and posters have been distributed, but visual material unless followed up by some kind of personal effort loses a good deal of its effectiveness.

VD Only One Aspect

Promiscuity, which, as pointed out previously, generally appears to be increasing in the United States and accounts for an increasing percentage of venereal disease infections, is directly related to the conditions under which the home front army labored during the war. Thousands of men and women have been housed in the most deplorable conditions of overcrowding. Absent husbands and long working hours have created serious dislocations in family life. Families and parts of families have been uprooted from familiar customs and thrust into exciting boom towns often with more money than they knew how to manage. Home supervision has been slackened as all of the responsible heads of the family have gone to work in the local shipyard or aircraft factory.

A significant number of workers, not able to make the adjustments to the new conditions in which they find themselves, have become stranded in strange communities. These casualties of the home front battle have sometimes become known to the local police and social agencies, but often they have been required to work out the solution

to their problems of survival on their own, without the assistance of any firm hand—and it is not surprising that some of the solutions are not all that might be desired.

Organized Labor and Management Can Help

During the war one of the hopeful developments in the relations between labor and management was the creation of an increasingly large area of public service in which labor and management join hands to do a job in the public interest. The importance of labor-management cooperation has been officially recognized by the United States Government. Production quotas, bond drives, war relief drives, campaigns to reduce absenteeism and other programs and policies essential to the successful prosecution of the war have been successfully carried through because labor and management got together and did a job. Their cooperation is essential in any program that is to be taken to the worker. Social Protection Boards or Committees should be sure to include representation from these groups. The American Social Hygiene Association has prepared very good material on programs for labor and management, particularly in connection with the health aspects of social protection. The United States Public Health Service also has extensive material for the use of labor and management groups on industrial health programs, including venereal disease protection.

Aside from the health aspects, however, much remains to be done in preparing workers for the readjustments that will be necessitated by postwar dislocations of men and industry. Support of labor and management is needed to keep communities free of commercialized vice.

Chapter 5

SOCIAL AGENCIES: THEIR PART IN THE BATTLE

WELFARE AGENCIES, public and private, have been handicapped by limited personnel and in some cases by inadequately trained

personnel, in handling the admittedly difficult assignment of dealing with promiscuous people. In the last few years, however, social agencies have begun to explore this dark area in the community. They know something, and will know more, about the social and psychiatric causes for promiscuity and prostitution.

Only the development of better community living, as stated before, is going to prevent some promiscuity and prostitution; both are intimately associated with lack of decent family life, decent housing, decent economic opportunity, decent recreation, decent education. Only the development of widespread psychiatric facilities (we have only 3,000 trained psychiatrists in the country today) is going to keep some individuals from becoming prostitutes or neurotically promiscuous. But without waiting to achieve long-term objectives, welfare agencies can use the present social and psychiatric resources to the full.

Says a statement from the recent National Conference on Postwar Venereal Disease Control held in St. Louis, Missouri, under the auspices of the United States Public Health Service Venereal Disease Division:

> "In addition to their medical and public health aspects, the venereal diseases are 'symptoms,' suggesting poor sexual behavior, marital maladjustments, psychiatric problems, and, in many instances, substandard or abnormal economic and environmental conditions for families and children. Thus, in the interests of public welfare and protection of the family unit, many activities not immediately associated with disease control which are performed by social hygiene, mental hygiene and social welfare agencies, need support and expansion.
>
> "Summarized briefly, these activities include psychiatric counseling, child welfare and protection, provision of a wholesome environment for youth, sound educational programs reaching adults as well as youth, and the development of a community consciousness of the importance of these and other socially desirable conditions and services essential to healthful and constructive living.
>
> "In the field of social welfare work, there are certain minimal services directly related to veneral disease control which should be available. These specific services include social case work service to or within law enforcement departments, courts, VD clinics and rapid treatment centers.
>
> "Service to or within the police department should include interviewing and referral to appropriate community agencies for treatment and social services. Services to or within the court should include assistance in the preparation of suitable pre-sentence study following conviction and competent probation supervision. Services to or within VD clinics and rapid treatment centers should include assistance to patients for the personal or social problems related to illness or medical care and to social redirection or rehabilitation."

Patterns that Make Sense

Social agencies often complain that they do not get the cases they could help, while law enforcement officials complain that when they try to refer a case they cannot find the "proper agency," that some agencies lack funds and others say they cannot handle certain types of cases. Obviously, the mere *existence* of social services is not a complete answer. They must be geared into the community pattern of social protection. All States, most counties and cities, have departments of public welfare or their counterpart, to administer public assistance and the child welfare services provided by public funds; some of them have had large enough staffs available to cooperate with police, courts and health departments. Agencies maintained by private funds, group work agencies like the YWCA or family and child welfare agencies can help in the program. Councils of Social Agencies, where they exist, may point out and promote needed services of this kind.

The Social Case Work Council of National Agencies and the Social Protection Division recently worked out some of the ways in which social services should be used in a social protection program. Among their comments are these:

> "*Aims and goals.*—Social agencies have a function which supplements police and health department work without overlapping it. The law protects the common good and administers justice which may include penalty; social case work helps people use their potentialities for handling their difficulties within an individual situation. Case work implies a confidential relationship; it must *never* be exploited to extract information to be used in determining guilt or innocence. Nothing is gained by confusing the separate jobs of the law and the case work agency.
>
> "Prostitutes and extremely promiscuous females, especially with court and police records, are the responsibility of police, court, health department, probation department and institution. Case work agencies are not usually expected to deal with them, but private agencies may be encouraged to experiment in this field.
>
> "Both public and private agencies have a valuable service to perform in the field of protective case work for young people. This

often requires cooperative action with police and health department. It also requires a willingness on the agencies' part to take the initiative; the emotional problems these young people present means that they aren't likely to ask for help.

Social Services and the Police

"1. The police and the courts, not the social case worker, decide who shall be arrested and tried.
2. Case work agencies can be helpful to the police in dealing with young people against whom there is no charge but who are in need of protection.
3. Because many of these young people come to the attention of the police when they engage in questionable or harmful conduct, the police department is usually the agency from which referrals will be made.
4. Agencies should make trained workers available to the police department to interview people in protective custody and needing referral for case work service. This is necessary when the police department is not equipped to make referrals. Such workers should be available at all hours. Interviewing should not be done in the jail or police station if other quarters can be found. Cases should be referred to the appropriate agency in the morning.
5. While agencies are doing this as a demonstration, an effort should be made to have such services established as a community responsibility. Before the project is even started, public officials should state that they are willing to consider eventually adopting and financing such work.

Social Services and the Health Department

"1. Many VD clinic patients can profit from case work as well as medical care. Experience proves that this is best handled by having medical, psychiatric, or other social services provided by the agency operating the clinic.
2. When the VD clinic does not supply such social services the community should try to help them establish such services.
3. If the clinic is unable to refer people needing help, there are two ways to meet the need: (a) by having agency personnel, especially medical social workers, train clinic personnel in the way to do this; (b) by lending a case worker to the clinic to provide referral services.
4. Like the services to the police, this should be a demonstration, not a permanent project, and efforts should be made to have clinic authorities take it over as soon as possible.

5. Rapid treatment centers should provide case work services for social diagnosis and referral to the proper agencies; and the services of public and private agencies should be available to patients who want help after their discharge.
6. Demonstration projects might be set up in rapid treatment centers in the way suggested for clinics.

Social Services and the Courts

"1. Social history, psychometric studies, etc., have no bearing on the guilt or innocence of a prostitute, but do help the judge to decide which sentence will best benefit society and the prostitute herself.
2. Courts should have probation departments to make pre-sentence studies and work on rehabilitation. When the court has no such department it may ask a voluntary agency to make social, psychiatric and psychometric studies of an offender *after* determination of guilt but *prior* to sentence.
3. When courts have a probation department, it should be responsible for offering case work services to offenders on probation. An adequate, well trained probation staff is essential.
4. Courts may, when they have no probation departments, ask agencies to accept offenders on probation. Such arrangements are successful in selected cases, but it should be understood that the rights of the client are always respected and that confidential facts which become known to the agency cannot be given to the court without the client's permission.
5. Social case work services should be available within correctional institutions as integral parts of the rehabilitation program.
6. Case work services should be available in parole departments to provide supervision for people discharged from penal or reformatory institutions. Again, the staff must be adequate and well trained."

Five Cities

Here are five examples of the kind of pioneering work that has been done in using social services in social protection programs:

Case One: a Small New England Town.—Here the police could not get a policewoman to work with promiscuous girls. They asked the Council of Social Agencies to lend a worker who would accept police and court referrals and provide follow-up services. Among her early cases were: a parolee from the State Farm whose home difficulties were driving her back into promiscuity; a girl with an illegitimate child who was left alone without outside interests, restless and resourceless; and a girl turned over by her own lawyer because she was

so desperately lonely and shy that she did not resist any male advances. The first girl was helped when her family situation was straightened out—a mentally backward sister committed to an institution and a promiscuous sister, who was stealing the girl's beaux, and was pregnant by one of them, sent to the State Farm. The second girl was helped to find a job and is now apparently happily married to her employer. The third was given the moral support and encouragement she needed when the case worker provided someone in whom she could confide her problems. Not all cases, of course, have such happy endings, but the town reports with satisfaction that police, courts and social agencies have all learned to work together to their mutual benefit, and that an encouraging number of girls have been taken out of the vicious circle of arrest and rearrest.

Case Two: *Baltimore, Md.*—The Baltimore Venereal Disease Council of the Civilian Mobilization Committee, formed in December, 1942, was organized because Baltimore believes that VD control is "more than the task of its Health Department or its Police Department or its Law or Welfare or Liquor Control or Recreation Department, or its courts or social institutions; it is the common task of all these agencies, indeed of the community as a whole." Two years ago, the Council recommended that a Rehabilitation Service or Protective Service be set up in the Department of Public Welfare to offer case work service to girls referred by health, police, court and other agencies—largely to find out if girls really wanted rehabilitation. Of 251 girls interviewed the first year, 152 were accepted for service. These girls fell into three groups: (1) Girls referred by clinics and agencies before getting into actual trouble with the police; (2) Girls referred from courts or police when no sentence was imposed, and girls coming out of completed terms in jail; (3) Girls on suspended sentences, for whom the Department of Public Welfare accepts responsibility.

"It is hard to stop prostituting and the Protective Service, as we call it, says so frankly to the girl," the case worker reports. "We tell her it is so hard to stop that perhaps, even probably, she cannot do it. A job, a place to live, a better way of playing will help, but there must be a tremendous will to change on the part of the girl, coupled with the willingness of the agency to stick with her while she tries."

The average prostitute proved to be bewildered by and suspicious of the fact that someone wanted to help her without "rescuing" or "reforming" her. She didn't consider her way of life in the least criminal, but was significantly impressed by the fact that in Baltimore, prostitutes were now actually jailed instead of merely fined. This gave many of the prostitutes much more interest in trying to find a different way of life. The case worker was struck by the fact that so few of the

girls had any social or personal resources. They couldn't dance or sing, had never belonged to any children's or young people's groups. As a result of the rehabilitation program, however, Baltimore reports that most of the girls were able to change their ways of living.

Case Three: *Washington, D. C.*—Here, a Rehabilitation Committee of the local Social Hygiene Society was organized from key members of welfare agencies, police, churches, the United States Employment Service, the Social Protection Division, and the health department, to work with the patients in the local Rapid Treatment Center. A social worker was hired as a placement officer, and interviews with patients began. It was soon found that many patients did not want help of any kind, that many were already known to social agencies, and some that wanted help were not good material for rehabilitation purposes. It was encouraging to note, however, that the placement officer was able to help 139 of 168 patients admitted in one month. The two most urgent needs of the patients were for emergency relief after discharge and for more protective services for the numerous adolescent, dull-minded group. Unmarried mothers needed help in adjusting their lives, and non-residents who didn't want to go back home had to be helped to establish themselves. "Effective rehabilitation," the Committee's Chairman comments, "is dependent upon the cooperation of everyone in the community, and the opportunity for service is limitless."

Case Four: *San Diego, Calif.*—San Diego offers an example of a job well done in the field of social protection. The mayor, the chief of police, and other public officials were interested from the beginning. The local newspapers gave the program extensive publicity. Local houses of prostitution were closed in December 1942, and in spite of recurring difficulties and resisting "third party interests," remained closed. The city increased its vice squad, raised its number of policewomen and set up treatment centers for infected persons. Under a previous enforcement program, prostitutes had been given only nominal fines. Now many of the girls brought before the court were subjected to a period of careful observation, and then sent home instead of receiving long jail sentences. The County Probation Department has plans to reorganize its approach and procedures. A comprehensive local law covering the various phases of prostitution and its control has been passed, together with a law requiring hotels to notify the police about juveniles who register. Hotel managers and taxicab operators have set up a program of self-policing. There was an obvious need for a service which would provide temporary board and lodging for both transient and resident girls. Through the cooperation of the Community Chest, a 50-room hotel has been obtained. The "Challenger

Hotel," a nonprofit facility for stranded girls, is now available for girls who are released by the court or from jail or referred by the health department or other public or private agencies. Facilities for social and recreational activities are provided.

A social hygiene education program was initiated by the director of health education for the San Diego city schools and greatly expanded as part of the over-all social protection program in the community. Efforts to provide additional facilities for the detention of juveniles, plans for a boys' camp, and enlargement of the city social welfare department staff also represent marked steps forward.

Case Five: *Greenville, S. C.*—In this war-swollen community, near an air base, a Social Redirection Committee was formed as part of the Social Protection Committee and told to define and utilize the social welfare services needed by women and girls appearing in Municipal Court. The case supervisor of the Family Welfare Society was persuaded to take on the mammoth task of interviewing and referring cases referred by the judge. Her technique is a successful one. She tells these girls and women that the judge has asked her to confer with them to see if she can be of service. This approach seems reassuring, as it implies that though the law must take its course, the judge has been sympathetic enough to ask someone to help them. Later on, she reports back to the judge on what has happened in each case. Aside from the direct results with the girls, this cooperation has drawn the police department and the court much closer to the social agencies in general. Says a police officer: "When we get a problem that baffles us, we just turn it over to Mrs. L. and she always handles it right for us."

A report on the first 100 cases handled shows that disturbing emotional factors were present in a very large proportion of the women

and girls referred by the court; deprivation of normal home life was the dominant one. "Reviewing the facts," says the report, "one is inclined to feel that these girls never had a chance." Services to the girls were generally and necessarily brief. Even so, a surprising number were helped to a point at which they might find themselves able to break away from the dreary round of clinic and court. Thirty-two cases were considered "responsive," with some hope for lasting effect; they were inexperienced girls, not set in any behavior pattern, fairly independent and able to use help. Twenty-five unable to fend for themselves and needing protection were sent to institutions, released to relatives, or kept under continued supervision by social agencies. Fourteen were "temporarily responsive" but obviously unchanged. Ten girls not only used the services but proved over a long period of months that they had changed their pattern of life and achieved some social success. Only 19 girls weren't interested in help and resisted any offer of service. The total report of the Greenville project, published by the Social Protection Division, is valuable to an understanding of what social agencies can do in this new and hopeful field.

Part III. Community Protection—Making It Work

Chapter 1

THE OVER-ALL BOARD

A FEW HUNDRED communities have established over-all planning bodies to provide a coordinated community attack on prostitution and venereal disease. A similar body is needed in most communities, and the total should reach several thousands. These bodies are variously known as Social Protection Boards, VD Control Committees, Commissions or Councils. The name is unimportant. For the sake of convenience the word "board," which has become the most common term, is used here.

These boards do not operate or provide direct services. They are planning boards with official backing and recognition, set up to stimulate and fit together adequate programs in the fields of Health, Social Treatment, Education and Law Enforcement. They also develop and take part in all aspects of the program pertaining to public relations.

Because social protection is largely a public program, these boards or committees should be established as official bodies. If there is a community council, or an *officially* recognized Council of Social Agencies, the board should be a part of such a council. Where there is no official planning agency, the mayor or the executive head of the local government should be responsible for organizing this board.

The board should never become "just one more organization" but should be the meeting ground of existing organizations—a means of simplifying and strengthening rather than of complicating the community structure. The board should make full use of existing official and non-official planning bodies; it should never duplicate any job already being done in the community. On the other hand, it must make sure that social protection work of all kinds is being well handled. For instance, if there is a health council existing in the community, the board would not establish a Health Section but would encourage the health council to undertake that part of the job. If there is a welfare division of a Council of Social Agencies, that division should be used in promoting social treatment.

In communities where there is no general organization, the board will usually need to establish sections on Law Enforcement, Health, Social Treatment and Education.

Since venereal disease, prostitution and promiscuity are symptoms of poverty, ignorance, lack of recreation and other social ills, there is danger that boards may extend their efforts in too many directions. Underlying social problems should be recognized and community committees concerned with housing, public works, education, and other services should be encouraged; but the board should confine its efforts to the well-definable aspects of a social protection program.

In general, the responsibilities of the board should be to make sure that adequate plans for action are developed in each of the four fields and that all of the plans are so coordinated as to provide a complete and effective social protection program. (See Part I, Chapter 4).

The responsibilities of each section and possible activities for carrying them out are discussed in the chapters that follow.

It is desirable for the mayor or the executive head of the local government to serve as chairman of the board. Other members of the board should include the chairmen of all sections, the chief of police, the judges of the city and county courts, the health commissioner, superintendent of schools, director of public welfare and such other public officials as are appropriate in the particular local situation. A few outstanding citizens representing business, labor, civic, religious and minority interests should sit on the board, and it is also recommended that one of the members of the board be skilled in public relations.

The board should have regular monthly or bi-monthly meetings to review reports from the various sections and thus add its weight to the carrying out of needed activities. It should assign responsibility to different sections for dealing with particular unmet needs. This is particularly true in the frequent instances where two or more sections are interested in different aspects of the same problem. For instance,

the Law Enforcement and the Social Treatment Sections should work together on a problem related to sex delinquency of girls or boys of juvenile court age. These same two sections would be concerned with questions of the relationship of policewomen to social agencies. It frequently becomes desirable to appoint a special committee composed of representatives from two or more sections to deal with special problems of this sort.

It is desirable, too, that the section chairmen be individuals familiar with and interested in all of the community's agencies and resources in their respective fields but *not* persons with interest confined to the success or growth of any particular program. They should be well-known leaders in community affairs, should have sufficient time to give to the work of their sections and should be capable of stimulating and maintaining an active and productive interest among section members. They preside at meetings, help prepare the agenda and are responsible for calling regular and special meetings.

Chapter 2

LAW ENFORCEMENT SECTION

THE Law Enforcement Section members should include the chief of police, sheriff, judge of the city or county court, judge of the juvenile court, chief probation officer, justice of the peace, county attorney and prosecutor, city attorney and prosecutor, military officers, citizens representative of business, labor, civic, religious and minority groups, and representatives of hotels, taverns and taxicab companies.

The following check list may be of value to the section in determining which phases of the law enforcement program need attention:

1. Are the police doing an effective job of vice repression by closing houses of prostitution; arresting street walkers and procurers; vigilantly patrolling business and entertainment places, whose facilities may be employed by the prostitute and "pick-up?"
2. Are operators of dance halls, taverns, hotels, motor courts, and amusement places self-policing their premises in an endeavor to prevent the prostitute or promiscuous man or woman from making "pick-ups," or from using their accommodations for purposes of prostitution?
3. Are policewomen, or specially trained officers, being used to locate places which are hazardous to the morals of young boys and girls? Are they locating those in difficulty by referring them to appropriate community welfare agencies for help in readjustment?
4. Are the community's detention facilities for adults and juveniles habitable, sanitary and properly supervised? Are juveniles segregated from adults, and early offenders from habitual law violators?
5. Is the health department advised of all persons arrested on morals charges? Is treatment provided for VD-infected inmates of the community's jails or correctional institutions?
6. Are courts dealing adequately with habitual morals violators and not simply assessing routine light fines which virtually become licenses for prostitution? Are they refusing to suspend sentence on condition that the convicted prostitute "leave town," thereby shoving the law violator on to another community?
7. Are the courts utilizing the advantages of intelligently administered probation?

This program is the responsibility of police, sheriffs, judges of juvenile, city and county courts, city and county attorneys, probation departments, other voluntary and public agencies.

The following projects have been found desirable in some communities in stimulating the active interest of section members in developing a better understanding of the needs and problems involved and in promoting an improved program:

1. Review of Court Records

   The judges of the city court, county court and juvenile court might be asked to review sex cases brought before their courts

during the previous three-month period to discuss the disposition of the cases, with particular attention to the penalty imposed. If local ordinances so limit punishment that it does not discourage law violators, this is a problem which should be taken up immediately. There should be discussion or study of the conduct or activities of individuals resulting from court-imposed penalties.

2. Visits to Courts

In order to promote better understanding by other members of the section, it is suggested that the judges invite one or two members at a time to be guests of the court during sessions when sex offenders are being tried. Each judge would, of course, have to decide when his calendar would permit the presence of such guests.

3. Self-Policing for Business Groups

Operators and owners of taxicabs, taverns, bars, juke joints, eating places and dance halls should be invited to attend a general meeting. Lists of the operators can be secured from the agent issuing business licenses. (If the total number of the group of operators indicates too large a meeting, it can be broken up into sections.)

The devastating effects on both the health and economy of the community resulting from the venereal diseases should be discussed by the civilian venereal disease control officer.

A strong appeal should be made to the businessmen present to inaugurate a system of self-policing. They should be asked to cooperate by denying their premises, so far as possible, to promiscuous men and women who use their places of business as meeting places. They should be encouraged by the chief of police and the sheriff to call on them for any needed help; and warned that violations of law will not be tolerated. They should be asked to study this problem seriously and to be prepared to make reports at a meeting *to be held on some specific date in the very near future.*

A movie showing the devastating effects of venereal diseases might conclude this meeting. (See appendix.)

Similar meetings should be held with operators and owners of hotels, cabins and rooming houses.

4. Coordinating Law Enforcement and Social Treatment Services

Discussions should be planned with a view to utilizing fully the resources of social welfare agencies for the redirection of wayward young people and women and for the prevention of the development of potential or first offenders into chronic sex offenders. Law enforcement officials and welfare agencies must work in harmony *as a team* if maximum results are to be achieved. Means should be agreed upon for referring individuals who are in need of special services and against whom there is no charge. Consideration should be given to providing central intake services. An accessible social work consultant who will serve as referral agent for the police is often the determining factor in whether an individual is treated as a criminal or a social problem.

5. Team-Work Disposition of Offenders

Judges and social workers should be invited to discuss ways and means by which they can help individuals who have become, or are in danger of becoming, a menace to themselves and the community.

6. Housing Female Offenders

Housing facilities for women detained in jail and suspected of being venereally diseased should be discussed. A thorough study, including visiting the facilities, should be made. Particular attention should be paid to the segregation of new from hardened offenders, infected from non-infected, and minors from adults. Intermingling of women prisoners with male employees or prisoners should be prevented. The constructive use of idle time by these women merits careful consideration and planning.

7. Housing Juveniles

Housing facilities for juveniles held in custody and suspected of being venereally diseased should be discussed. A thorough study, including visits to the facilities, should be made. If need for improvement is indicated, appropriate steps should be taken.

8. Other Matters for Special Meetings

The apprehending and conviction of chronic facilitators such as panders, some property owners, business operators, taxicab owners and operators, and others who profit from sexually promiscuous people.

The need for additional personnel, male or female, in police departments or juvenile courts, or public or private welfare agencies, to handle any special problems.

Places frequently mentioned in Public Health and Army-Navy contact reports as places where promiscuous women are frequently procured, as well as the places of exposure, with reference to intensifying patrolling and checking by law enforcement officers.

Chapter 3

HEALTH SECTION

THE Health Section members should include the county health officer, city health officer, civilian venereal disease control officer, president of the medical society or association, health educators, chairman or director of the social planning council, military officers as needed, and citizens representative of business, labor, civic, religious and minority groups.

The following check list may be of value to the section in determining which phases of the health program need attention:

1. Does the health department keep the police informed of the location of establishments frequently named as places of encounter leading to venereal disease infection?
2. Is prompt action taken when the isolation and quarantine powers of the health department must be exercised?
3. Is there an active program for locating persons suspected of being venereally diseased?
4. Is there provision for prompt diagnosis and treatment of persons suspected of venereal infection?
5. Is the location, size and appearance of the venereal disease clinic likely to induce patients to come to the clinic?
6. Are there enough venereal disease clinics and are they operated at hours convenient for the people who are under treatment?
7. Are hospital facilities available in the community or nearby for the intensive treatment of syphilis by the newest approved methods?

8. Is there provision in the local health department for the intensive treatment of gonorrhea by the newest approved methods?
9. Do industry and labor cooperate with the health department in finding and treating infected persons?
10. Do the private physicians and the health department cooperate so that all infected persons can get treatment?
11. Is support given to necessary State legislation for prenatal and premarital blood tests? Where such legislation is already enacted, is there effective enforcement?

Health services are the responsibility of the health department, hospitals, private clinics, visiting nurses, other voluntary and public agencies.

The following are suggested projects for stimulating interest and promoting an increasingly effective program:

1. Case Finding
   Unless promiscuous persons who are venereally infected are located and placed under treatment, VD cannot be brought under control. The board should invite the health commissioner to present his needs and the difficulty connected with case finding. The matter of using skilled law enforcement officers for locating certain difficult contacts should be thoroughly discussed, although the regular public health approach by public health officers and trained lay investigators is usually best.
2. Treatment
   Since new treatment procedures may markedly change health departments' needs, health officers should be asked to discuss the facilities needed for the newest approved methods, in addition to those needed for treating syphilis in cases where the patients are still receiving the standard treatment instituted prior to the introduction of penicillin.
3. Examination of All Jail Inmates
   Attention should be given to the need for establishing adequate facilities for the examination of all jail inmates, including men as well as women.
4. Reporting by Physicians in Private Practice
   Private physicians should be urged to ascertain the names and addresses of persons from whom their venereally infected patients contracted the disease. These contacts should be followed up promptly by the private physicians or turned over to the VD clinic investigator. Confidential treatment of information must be guaranteed before doctors can be expected to cooperate in this phase of the program.

Chapter 4

SOCIAL TREATMENT

THE Social Treatment Section members should include directors of State, district, county and city welfare boards, directors of the family and child welfare associations, Travelers Aid, USO-Travelers Aid, Salvation Army, chief probation officer, judge of the juvenile court, director of recreation, a representative of the social planning council, vocational counselors, director of the visiting teachers, other officials responsible in this field and citizens representative of business, labor, civic, religious and minority groups.

The following check list may be of value to the section in determining which phases of the social treatment program most need attention:

1. Are services provided for girls who come to the attention of the police, but who are not being held for court?
2. Are there workers who will explain to the girl in jail about the help she can get when she comes out, and be willing to help when the girl needs it?
3. Are there ways of helping to find a job for the girl who has been referred by the police or who has come out of jail or prison?
4. Is there a service to help both local and transient girls find suitable places to live decently and at fair rentals?
5. Are there arrangements for girls to get temporary financial assistance while they are getting themselves adjusted and into jobs, or while arrangements are being made for them to return to their homes?
6. Is there provision for foster home care of children or other necessary services for the children of mothers who are held by the police, the court, or the jail?
7. Does the prison or reformatory give the girl the kind of help she needs while she is there so that she will be better prepared to live and work decently when she comes out?
8. Are there services in the health department to help patients adjust their way of living so that they do not continue to become venereally infected?
9. Is there a social service exchange, and is it used by police, courts, the health department, and welfare agencies?
10. Are counselling services available in the community for girls and women who need help in straightening out their personal difficulties?

This is the responsibility of the welfare department, public and private agencies.

It is difficult to draw a distinct line between the functions of the various sections. This is particularly true in the case of Education and Social Treatment.

The following suggested projects, many of which might be undertaken in cooperation with the Education Section, may stimulate the active interest of the Social Treatment Section by developing a better understanding of the needs and problems involved and in developing an improved program:

1. Parent education
   It is recommended that parent study courses be organized and taught by skilled, professional people, including psychiatrists, physicians with an appreciation of psychiatric values, and experienced psychiatric social workers. The emotional needs of children should be discussed, with particular reference to preventing sexual delinquency.
2. Visiting teachers
   The need and adequacy of the visiting teacher program should be studied. Emphasis should be placed on the fact that the function of visiting teachers—skilled social workers with special competence to recognize the behavior difficulties of school children—is twofold: to bring about an awareness on the part of the regular teachers of early symptoms of behavior difficulties in the pupils in their classes; and to work with both the teachers and parents, as well as with the pupils, to see that the service necessary to correct behavior disorders is provided. They can be very helpful in preventing sex delinquency.
3. Recreation
   The director of recreation might be asked to discuss the com-

mercial and non-commercial recreation activities in the community, and to stress the fact that the more time an individual spends in constructive activity, the easier it will be for him to develop habits of conduct which lessen the likelihood of acquiring wrong behavior patterns.

4. Youth Consultation Services
   Youth counseling provides an opportunity for correlating the existing strength of participating agencies and groups for alleviating the conditions which contribute to maladjustment and delinquency. Such services are being developed in many communities under religious, cultural or social welfare auspices. A study should be made of all aspects of youth counseling services before plans are made or steps taken to initiate or expand them. Youth counseling requires the most experienced, best trained, most attractive and ingenious social workers available. Sponsorship for these services should be both powerful and representative, including all churches, schools and other groups having an interest in youth activities.
5. Mental Hygiene Services
   The purpose of this project is to take stock of psychiatric services available in or to the community and to determine whether they are being used to the fullest advantage in the social rehabilitation of sex delinquents.
6. Public Welfare Services
   Since much of the social problem of promiscuity and prostitution stems from sub-standard living conditions, stock should be taken of the existing facilities for giving financial assistance through family and child welfare services, to find out where the gaps are in these services, and see to it that financial aid is available to those who need it.
7. Coordination with law enforcement services. (See Chapter 2, Law Enforcement Section.)
8. Teamwork in services to convicted offenders and other young people in difficulty. (See Chapter 2, Law Enforcement Section.)

Chapter 5

EDUCATION SECTION

THE EDUCATION SECTION members should include the county health educator, city health educator, the superintendents of the county and city schools, director of the visiting teachers, the executive of the

Social Hygiene Society, county health officer, city health officer, civilian venereal disease control officer, others responsible in this field and representative citizens.

The following check list may be of value to the section in determining which phases of the education program most need attention:

1. Is year-round, public education carried on to help in campaigns against prostitution and venereal diseases? Are other educational activities conducted at special times, such as Social Hygiene Day?
2. Do the newspapers keep citizens informed of community conditions?
3. Is the radio used for social hygiene educational programs?
4. Are approved social hygiene motion pictures shown in theaters? Do educational agencies use such pictures?
5. Are libraries providing up-to-date books and pamphlets? Are exhibits shown?
6. Have the hazards of prostitution, venereal diseases, and related questions been discussed by men's and women's clubs? Parent-teacher groups? Church organizations? Business and industry? Have these groups joined in community action for protection against these hazards?
7. Have pharmacists been asked to cooperate?
8. Are industry and the trade unions aiding the campaigns for clean community conditions?
9. Are the home, church, and school fulfilling their responsibility in relation to these aspects of family and community life? Have

the churches taken a stand demanding wholesome community conditions?

10. Is appropriate health and family life education a part of the school curriculum? Are there community facilities for instruction in health and human relations for parents and other adults?
11. Have all these agencies and groups taken a united stand for maintenance of wholesome community conditions; and when necessary, do they take prompt action to secure improvement?

Such an education program is the responsibility of the homes, the churches, the schools, youth and youth-serving agencies, social hygiene societies, and health departments.

The following suggested projects may stimulate the active interest of section members in developing a better understanding of the needs and the problems involved and in promoting an improved program:

1. Social Protection Education for Organizations
   It is recommended that talks be given for all the civic, labor, business, and professional groups in the community. At these meetings there should be full discussion of the entire social protection program and the importance of each of its four phases. Recent medical developments, the complicated nature of repression, and the constructive possibilities of social treatment should all be explained.
2. Social Protection Education for City and County Officials and Employees
   City and county officials and employees can set an example for other citizens to follow if the mayor and chairman of the county commissioners approve the idea of requesting social protection education talks for all such employees. It is suggested that city and county officials consider the advantages of arranging for such talks to be held during regular working hours. Many private corporations do this.
3. Social Protection Education for Management and Labor
   It is suggested that management consider the advantages of requiring the attendance of all employees at talks during regular working hours, on the premises, with regular pay continued. The cost of VD in terms of dollars and cents and its devastating effects on the health of individuals can be emphasized.
4. Social Protection Education in Public High Schools
   The public health officer should assume leadership in describing and emphasizing those factors in social protection important to high school groups. He may be invited to describe the effects of VD and its prevalence among young people and the hazards to health and life itself when VD is contracted early and neglected too long.

The judges of courts dealing with youth can tell of the number of young people appearing before them on morals charges and the consequent need for effective social protection education as a part of the regular school curriculum.

The president of the PTA can outline the part parents play in requesting that education in health and human relations be included in regular school courses, and in keeping themselves informed so that home and school influences merge into integrated, practical, and accurate education for their sons and daughters.

The superintendent of schools or a school principal should outline the necessity for teaching social protection as part of regular courses; the necessity for training teachers more intensively in social protection; and the necessity of profiting from the experience of all other school systems in which successful means for teaching this subject have been developed. In this connection, a carefully selected committee should be appointed and charged with the responsibility for accumulating all available material on this subject.

APPENDIX

APPENDIX

A large and growing amount of material is available to people interested in social protection. Information on new titles published after this brief bibliography was prepared can be obtained from the United States Public Health Service, American Social Hygiene Association, and Social Protection Division.

In ordering materials, write to the following addresses, which are represented by abbreviations under the "Source" columns below. Limited quantities are available upon request from these sources. When large supplies are wanted, it is suggested that requests be made for quotations on prices, to make sure whether or not any cost is involved. General books and magazine articles, of course, must be secured from libraries or publishers.

Source Code	*Address*
ASHA	American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.
Child. Bureau	Children's Bureau, U. S. Department of Labor, Washington 25, D.C.
CWS, FSA	Office of Community War Services, Federal Security Agency, Washington 25, D.C.
Office of Ed.	Office of Education, Federal Security Agency, Washington 25, D.C.
Pub. Aff. Com.	Public Affairs Committee, 30 Rockefeller Plaza, New York 20, N. Y.
Fed. Wos. Clubs	Federation of Women's Clubs, 1734 N Street, NW, Washington 6, D.C.
Social Action	Social Action, 289 Fourth Avenue, New York, N. Y.
SPD	Social Protection Division, Office of Community War Services, Federal Security Agency, Washington 25, D.C.
U. of Minn.	The Minnesota Department of Health, Division of Preventable Diseases, University Campus, Minneapolis, Minn.
USPHS	United States Public Health Service, Federal Security Agency, Bethesda, Md.
VD Ed. Inst.	Venereal Disease Education Institute, Raleigh, N.C.

BOOKS AND MAGAZINE ARTICLES

An American Dilemma, by Gunnar Myrdal. New York. Harper Brothers, 1944. The American Negro problem.

Hugh Young: A Surgeon's Autobiography, by H. H. Young. New York, Harcourt, Brace & Company, 1940. Interesting proof, from World War I, of the impossibility of segregation and inspection.

Prostitution in Europe, by Abraham Flexner. New York, The Century Co., 1914. The classic work on commercial prostitution.

Plain Words about Venereal Disease, by Thomas Parran and R. A. Vonderlehr. New York, Reynal and Hitchcock, Incorporated, 1941. Facts about VD as a community problem.

Shadow on the Land, by Thomas Parran. New York, ASHA, 1939. Covers almost every phase of VD and VD control, and includes collateral material on prostitution.

The Negro Family in the United States, by E. Franklin Frazier. Chicago, Ill., University of Chicago, 1939. Useful to an understanding of the social factors in the Negro VD situation.

"Venereal Disease, Far From Beaten" by Helen V. Tooker. *Harper's Magazine,* November 1944. Readable, accurate account of the current battle against VD.

All issues of the *Journal* of the ASHA, and the *Journal of VD Information* of the USPHS, contain useful, authoritative, up-to-the-minute information.

HANDBOOKS, REPORTS, AND REFERENCE PAMPHLETS

Combating Venereal Diseases—Laws and Procedures, by Robert W. Kenney. State of California, Department of Justice, 1945.

Communities Can Do, SPD, Region VII, Social Security Board, 441 W. Peachtree Street, Atlanta 3, Ga., 1945. Detailed experienced advice on setting up social protection boards.

Educational Techniques in VD Control, Division of VD Control, Department of Pensions and National Health, Ottawa, Canada, 1944. Specific material on educational programs for health departments.

Manual on Social Protection, Connecticut War Council, Hartford, Conn., 1944. Useful summary of one State's official program for people setting up State services.

Meet Your Enemy—VD, SPD. 1944. Useful guide for women's groups educating their membership in the VD and social protection field. Prepared in cooperation with the National Women's Advisory Committee on Social Protection.

Prostitution and the War, by Philip S. Broughton. Public Affairs pamphlet, 1943. Vivid summary of wartime program and reasons for the suppression of prostitution.

Recommendations on Standards for Detention of Juveniles and Adults, SPD., 1945. Approved by the National Advisory Police Committee and contains suggestions for improving the Nation's detention facilities.

Social Services in a Social Protecton Program, SPD, 1944. Joint statement by SPD and Social Case Work Council of National agencies.

Social Services to Delinquent Women, SPD, Region VII, Social Security Board, 441 Peachtree Street, Atlanta 3, Ga., 1945. Invaluable, detailed report on the Greenville, S. C., project in rehabilitation.

Suggestions for Organizing a Community Social Hygiene Program, ASHA, 1944.

Techniques of Law Enforcement against Prostitution, SPD, 1943. *Techniques of Law Enforcement in the Treatment of Juveniles and the Prevention of Juvenile Delinquency,* SPD, 1944 and *Techniques of Law Enforcement in the Use of Policewomen,* SPD, 1945. Approved by national police and sheriff groups and published by SPD for law enforcement and other agencies concerned.

Twenty Years Progress in Social Hygiene Legislation, ASHA, 1945. The development of legislation to control VD.

VD Control and Education in Dallas, Tex. Dallas VD Educational Committee, 1944. Detailed, illustrated report on a city-wide educational drive.

Venereal Diseases, Prostitution and the War, SPD, 1944. Ideal and actual legislative programs in social protection.

PAMPHLETS AND REPRINTS FOR GROUPS

A Fifth Freedom	VD Ed. Inst.
Are You Being Played for a Sucker?	USPHS
Calling All Women	ASHA Pub. A–457
Canada's Four-Sector Program in Action	ASHA Pub. A–579
Citizens of Tomorrow—A Wartime Challenge to Community Action	CWS, FSA
Controlling Juvenile Delinquency	Children's Bureau
Danger Ahead!	SPD
Digest of Papers presented at the National Conference on Postwar Venereal Disease Control	ASHA Pub. A–584
Gonorrhea, the Crippler—Cured	USPHS
Industry vs. VD	ASHA
It Doesn't Pay (revised)	USPHS
It's a Joint Responsibility, *by Lewis & Robbins and Roy L. Kile*	ASHA Pub. A–519
Moral Goals for Modern Youth, *by Eleanor T. Glueck*	Soc. Action
Out in the Open	VD Ed. Inst.
Planning for the Kind of Help They Need	ASHA Pub. A–479
Proceedings of the First Regional Conference on Social Protection	ASHA Pub. A–498
Program and Publicity Aids for Social Hygiene Day	ASHA
Promiscuity as a Factor in the Spread of Venereal Disease, by *Richard A. Koch, M.D., and Ray Lyman Wilbur, M.D.*	ASHA Pub. A–580
Questions and Answers about Syphilis and Gonorrhea	ASHA Pub. A–431
Rehabilitation in Action, *by Lucia Murchison*	ASHA Pub. A–564
Sex and Human Relations in Education, *by Lester A. Kirkendahl*	Office of Ed.
So Long Boys!	ASHA Pub. A–454
Solid Facts for Teen-Age Folks	VD Ed. Inst.
Syphilis; Its Cause, Its Spread, Its Cure	USPHS
The Application of Catholic Philosophy to the Venereal Disease Program, *by A. M. Schwitalla, S. J.*	ASHA Pub. A–490
The Case Against Prostitution	ASHA Pub. A–303
The Doctor Says	USPHS
The New Offensive Along the Police Front, *by Eliot Ness*	SPD (ASHA Pub. A–456)
The Trade Unions vs. VD	ASHA
To Attack Delinquency, A Seven-Point Program, *by Charles P. Taft*	ASHA Pub. A–526
Understanding Juvenile Delinquency	Children's Bureau
Understanding Ourselves	U. of Minn.
Venereal Disease Control	Fed. Wos. Clubs
Venereal Disease in Industry, *by Otis L. Anderson, M.D.*	USPHS
What About Girls? *by Eliot Ness*	Pub. Aff. Com.
What About Us?—A Report of Community Recreation for Young People	CWS, FSA
What Every Woman Should Know	VD Ed. Inst.
What Is Sex Education? *by Ray H. Everett*	ASHA Pub. A–517
What the Local Parent Teacher Association Can Do About Juvenile Delinquency, *by Bess N. Rosa*	ASHA Pub. A–539

What You Don't Know Can Hurt You..... USPHS
Why Let It Burn?..... ASHA Pub. A–304
You Can End This Sorrow (revised)..... USPHS
Young America Needs You..... ASHA Pub. A–537
Your Own Story, *by Marion Le Feagre*..... U. of Minn.

POSTERS

A Blood Test for All..... VD Ed. Inst.
America Needs Strong Men and Women..... VD Ed. Inst.
Both of These Men Had Syphilis..... VD Ed. Inst.
Gonorrhea Can Be Cured..... VD Ed. Inst.
Is Your Family Safe?..... VD Ed. Inst.
Joe Cared for His Lathe So Tenderly..... VD Ed. Inst.
Men Who Know Say No to Prostitutes..... VD Ed. Inst.
Social Hygiene in Wartime, a set including:
- The Cost to the Public
- Diseases of Youth
- From Time Immemorial
- The Plan of Action
- Still at the Top of the Sick List
- Syphilis and Gonorrhea Waste Manpower..... ASHA

VD Posters, a set of four..... USPHS

FILMS

Fight Syphilis (16 or 35 mm)..... USPHS
Health Is a Victory (16 or 35 mm)..... ASHA
In Defense of the Nation (16 or 35 mm)..... ASHA
Know for Sure (16 mm—for male audiences only)..... USPHS
Know for Sure (revised), (16 or 35 mm), mixed audiences..... USPHS
Magic Bullet (16 mm)..... USPHS
Our Job to Know (16 and 35 mm—especially for women)..... ASHA
Plain Facts about Syphilis and Gonorrhea (16 or 35 mm)..... ASHA
To the People of the United States (16 or 35 mm)..... USPHS
With These Weapons (16 or 35 mm)..... ASHA

☆ U. S. GOVERNMENT PRINTING OFFICE: 1945—651512

The Social Protection Division maintains a field staff whose services are available to communities at all times. The Division's Regional Representatives may be reached by addressing them as follows:

Regional Social Protection Representative
Federal Security Agency

LIST OF REGIONAL OFFICES

Region		Region	
I	Connecticut, Maine, Vermont, New Hampshire, Rhode Island, Massachusetts 120 Boylston Street Boston 16, Massachusetts	VIII	Iowa, Minnesota, Nebraska, North Dakota, South Dakota 428 Midland Bank Building Minneapolis 1, Minnesota
II-III	Delaware, New Jersey, New York, Pennsylvania 11 West 42nd Street New York 18, New York	IX	Arkansas, Kansas, Missouri, Oklahoma 414 Dierks Building Kansas City 6, Missouri
IV	District of Columbia, Maryland, North Carolina, Virginia, West Virginia 413 Lenox Building 1523 L Street, NW Washington 25, D.C.	X	Louisiana, New Mexico, Texas 912 Maverick Building San Antonio 5, Texas
V	Kentucky, Michigan, Ohio Euclid Ave. & East Ninth St. Cleveland 14, Ohio	XI	Colorado, Idaho, Montana, Utah, Wyoming 311 Equitable Building Denver 2, Colorado
VI	Illinois, Indiana, Wisconsin 188 West Randolph Street Chicago 3, Illinois	XI.	Arizona, California, Nevada, Oregon, Washington 785 Market Street San Francisco 3, California
VII	Alabama, Florida, Georgia, Mississippi, South Carolina, Tennessee 441 West Peachtree Street Atlanta 3, Georgia	Hawaii	Territorial Director Community War Services 434 Dillingham Building Honolulu 16, T. H.

MSH 26992

END OF
TITLE